

Giuseppe R.Brera

The shift of Medicine to Person-Centered Medicine Paradigm
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Università' Ambrosiana

The Medicine shift to the Person-Centered Medicine Paradigm

Life epistemology and the relativity of health concept

Giuseppe R.Brera*¹

1. The shift of Medicine to the Person-Centered Medicine paradigm

With the presentation of the " Manifesto of Person-centered medicine" in 1999 ^{2 3} and the introduction of the new paradigm in the post-university training of the doctor in the AY 1999-2000 at the Medical School of Milan, the Ambrosiana University for the first time in the world, while with a wicked action was prevented , in the same year, the establishment of a new person-centered curriculum on the person at a new Faculty of Medicine, our University has started a scientific and educational work to introduce in the world Person-centered medicine as a new paradigm of medical science. The training work began in this perspective in 1991 with the introduction in Italy of Medical Counselling, as a new medical discipline, with

¹ Rector of the [Ambrosiana University](#), director of the [Milan School of Medicine](#). President of the World Health Committee, coordinator of the International Committee for "[La Charte Mondiale de la Santé- the World Health Charter](#)"

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

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

the provision of advanced and master courses, in the light of the interactionist and teleonomic paradigm of medicine, and health, epistemological revolution anticipated in 1996,⁴ and that since 2011 is defined as " The choice of the best possibilities to be the best human person" that I submitted by invitation to WHO in the same year.⁵

The interactionist and teleonomic epistemological revolution of medicine , medical science and the concept of health, , (fig.1-2) was based on the great change in medical science over the last 50 years thanks to the formulation of the theory of allostasis by Peter Sterling and Joe Heyer,⁶ which has rendered obsolete Cannon's theory, still taught in the Italian and medical faculties and schools and in the world for the epistemological and scientific illiteracy of their teachers, thanks to experimental and clinical psycho-neuro-immunology, through the research activities of numerous authors such as Jean George Maestroni⁷ and Paolo Lissoni⁸ , thanks to neurobiology research by Erik Kandel, Nobel Prize winner, thanks to epigenetic research by Moshe Szyf Michael Meaney,⁹ thanks to Pier Mario Biava discoverer of the epigenetic code¹⁰ that changed paradigm in the biological therapy of tumors and neurodegenerative diseases, thanks to Elisabeth Blackburn . Nobel Prize, who allowed the discovery of the relationship between telomere length and quality of life.¹¹ We have to add

⁴ 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

⁵ 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

⁶ Sterling P.,Eyer J. Allostasis: a new paradigm to explain arousal pathology. In: Fischer S Reason J. editors. Handbook of Life Sciences, New York 1988 : J.Wiley and sons;p. 629-649

⁷ Maestroni JG Pathophysiology of a supersystem: Emerging evidence of the interaction between the brain and the immune system. in GR Brera, C.Violato eds Return to Hippocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005

⁸ Lissoni P. Teaching Clinical Psychoneuroimmunology: A brave new world? In GR Brera, ,C.Violato eds Return to Hippocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

⁹ Szyf M and Meaney J.M Epigenetics, Behaviour, and Health. Allergy Asthma Clin.Immunology 2008;4(1):37

¹⁰ Biava P.M Reprogramming of normal and cancer stem cells. Curr. Pharm.Biotechn. 2011Feb.1;12(2):145

¹¹ Blackburn EH, Epel ES, Lin J. Human telomere biology: A contributory and interactive factor in aging, disease risks, and protection. Science. 2015;350(6265):1193-8.

the quantum medicine progress thanks to Giuliano Preparata, Emilio del Giudice Luc Montagnier (Nobel Prize) who digitalized DNA. This interactionist change of medical science (fig. 1) in the interactionist sense, ignored by clinical application has been joined to innovation in the hermeneutics of human nature , the "Kairology", which has shown, starting from the adolescent clinic, that human nature reveals itself in this age as a question of truth, love and beauty, a question of meaning and therefore spiritual, highlighting the spiritual and mysterious nature of man and his natural vocation to transcendence in truth.^{12 13 14} The quality of the response allows the interpretation of the possibilities of experience such as to determine the quality of life by founding a lifestyle, which determines the allostasis and all the biological reactions of the organism. Affective, emotional, spiritual subjectivity changed the traditional concept of health and presents it as a person's construct entrusted relativity of biological reactions to the interpretation quality of experience possibilities, determining risk or resilience and the life quality. (fig 2,3)

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

¹² Brera G.R The "kairos of existence". *Medicine and Mind*. 1993;8 (2):8-1

¹³ Brera G.R *Mystery,possibility, reality in existence and in adolescence and in human nature*. CISPM ed. 1994

¹⁴ Brera G.R *The epistemological principles of Adolescentology*, *Medicine and Mind* 1995; XI, 1.

Fig. 1

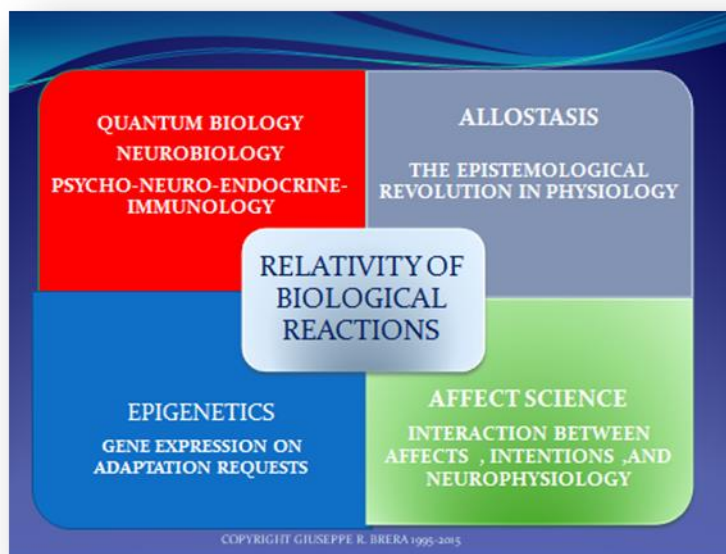


Fig. 1. The shift of Medicine to an indeterministic paradigm

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

In WHO Symposium on Person-Centered Medicine and Medical Education. Geneva 4 May 2011
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Fig.2

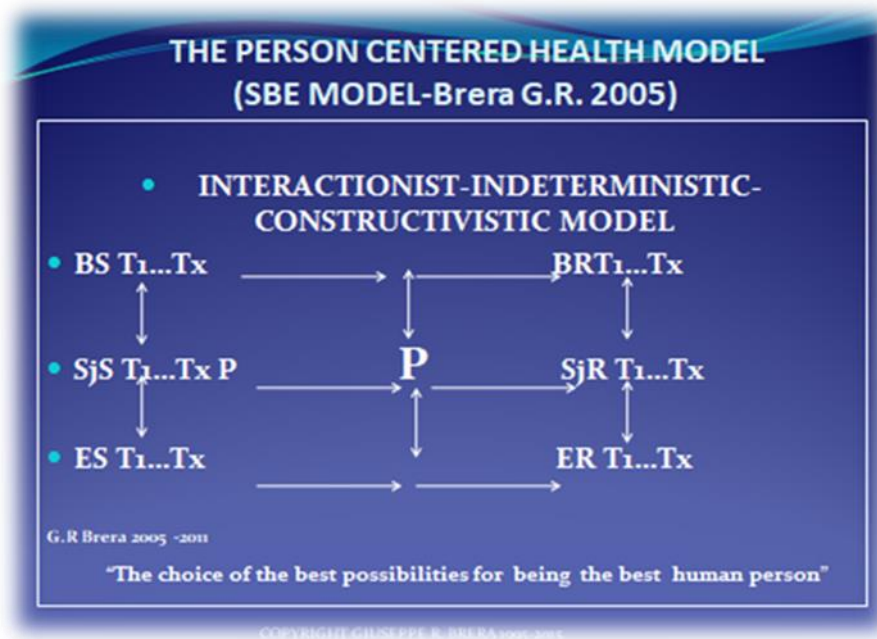


Fig . 2

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.

2 Life epistemology and the relativity of health concept

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

In the light of the life epistemology health must be defined as “ The choice of the best possibilities for being the best human person” ¹⁵ (fig 3-4)

Only 5% of diseases are due to genetic penetration, while 95% are caused by quality of life as it appears from epidemiology. ¹⁶

¹⁵ Brera G.R. Person-centered Medicine: Theory,Teaching,Research. Int.J.Pers. Cent.Med 2011; 1 (1):69-79

¹⁶ Wilet C. Walter. Balancing Life Style and Genomic Research for Disease Prevention. Science. 2002; 296 :695-699

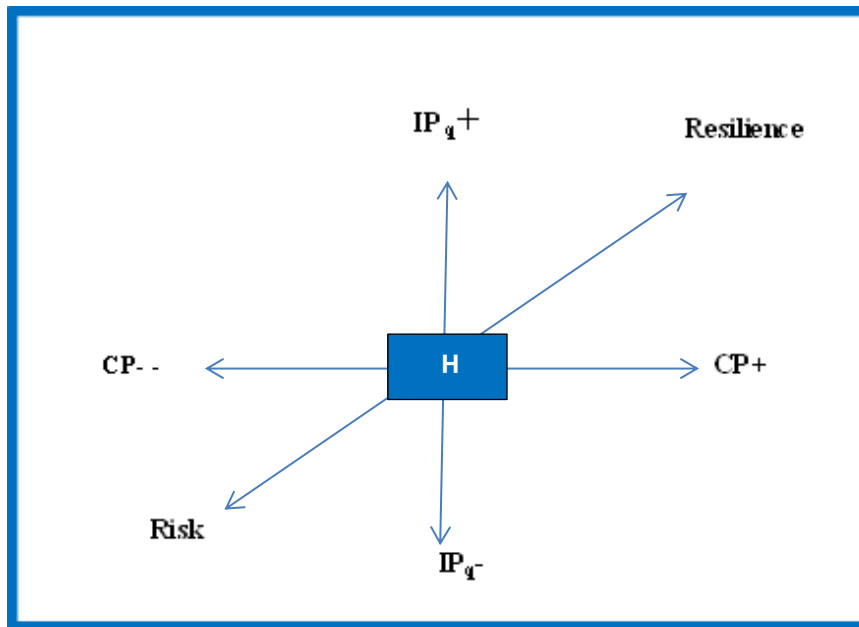
Fig. 3 Resilience-based health theory (RBHT)

$$HR_z = IP_{q+} * CP+$$

$$HR_k = IP_{q-} * CP_{q-}$$

HR_z: Health resilience

HR_k: Health ris



HR = Health Relativity to interpretation and choices quality

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

From Brera G.R Person-Centered Medicine and Person-Centered Clinical Method. Università Ambrosiana ed.;
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fig.4

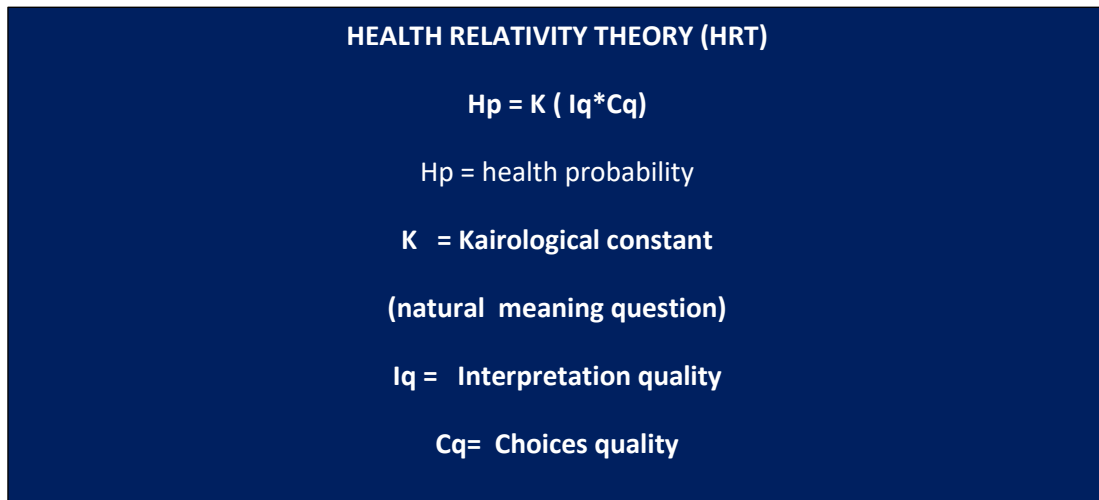


Fig 4 The health relativity theory

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

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

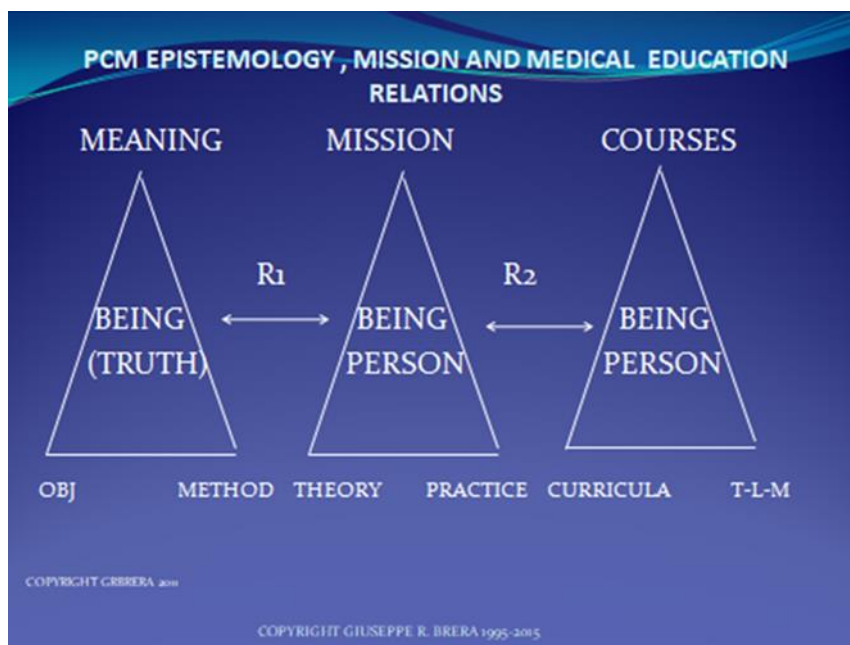


Fig.5

Obj = Objectives

T-L-M = Teaching, learning methods

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

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

Now it is evident that the change of paradigm of Medicine calls for a reformulation of admission to medicine and the training curriculum of doctors. This person-centered approach is opposed because today medicine is applied with a bio-technological paradigm, linked to profit, a false in the epistemological and scientific perspective, that can only be a necessary tool of the clinical method. From this false was born the criminal error of setting the health strategy for the prevention of COVID-19, with the use of mRNA genotoxic vaccines and deadly in many cases, when with a shift of preventive philosophy on the antiviral allostasis and preventative immuno-stimulation, as I have well explained in my essays on the matter spread throughout the world, the epidemic would have been nipped in the bud. Unfortunately, this misguided health policy has been responsible for millions of deaths. If the world had been oriented to the Person-Centered Medicine paradigm that is summed up in the scheme below (fig. 6-7), which shifts towards prevention and self-care, millions of lives

would be saved and millions of people would not have their DNA modified by mRNA vaccines.

Fig.6

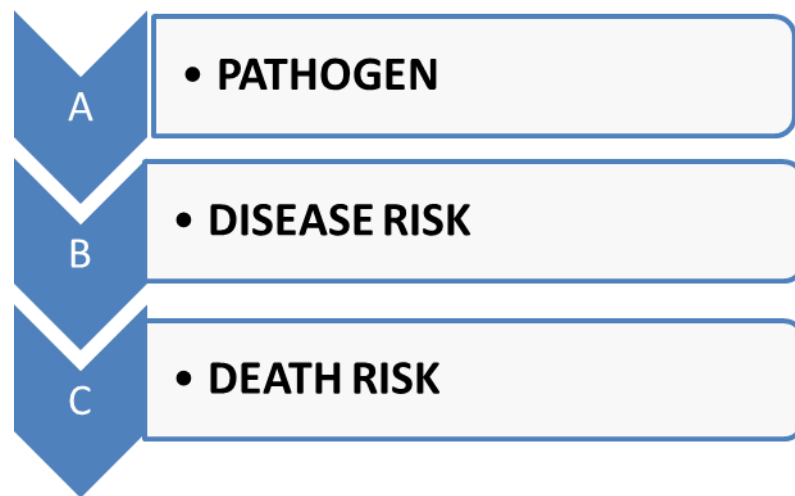


Fig. 6 Wrong determinist –mechanicistic paradigm used to cope with the syndemic COVID-19 and general clinical application

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Fig.7

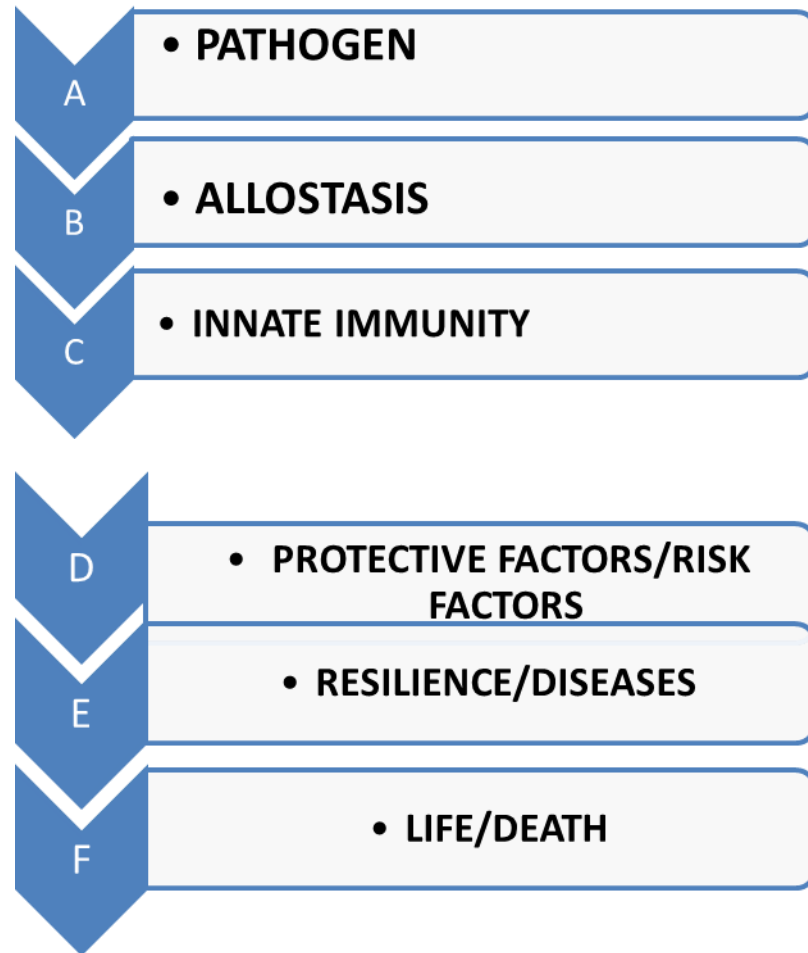


Fig. 7 Right paradigm of Medicine and Medical science unknown to illiterates

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Evidence that experimental research has been methodologically wrong makes mRNA vaccines a danger to humanity, as the state of Florida has recently attested, calling for their withdrawal. Their presence and administration still present in Italy is a crime against the population in the light of epidemiological data and scientific evidence.^{17 18 19}

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

The essence of the person-centered clinical method is the introduction into the clinical method of a new interlocutory procedure that we called "Diagnosis of the person",²⁰ (Fig 8) through the empathic connotation and a resource-centered interlocutory on life quality and personal history, where diseases are inserted in existence. The doctor must revolutionize the sense of his initial relationship with the patient by directing his attention to the strengths and resources of the patient before problems, since from an epistemological point of view these arise in the absence of the strength points and resources of the person, for example at the biological level, natural immunity, unless it faces a clinical emergency. The fundamental question that revisits at the beginning the traditional clinical method is "who is" the patient in front of him, and not "what clinical picture has". The disease must be considered as an event of life and a possibility of change, which is often unconsciously sought through it. In this perspective the doctor must be trained to be a maieuta of the human person. For this purpose the person-centered clinical method introduces a new preliminary phase that has taken the name of "Diacrisis" and that includes the analysis of empathy and the "Clinical Epoké (fig.8)

Fig.8

¹⁷ Parry, P.I.; Lefringhausen, A.; Turni, C.; Neil, C.J.; Cosford, R.; Hudson, N.J.; Gillespie, J. 'Spikeopathy': COVID-19 Spike Protein Is Pathogenic, from Both Virus and Vaccine mRNA. *Biomedicines* 2023, 11, 2287. <https://doi.org/10.3390/biomedicines11082287>

¹⁸ Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. *Food Chem Toxicol.* 2022 Jun;164:113008. doi: 10.1016/j.fct.2022.113008. Epub 2022 Apr 15. PMID: 35436552; PMCID: PMC9012513.

¹⁹ Brera GR Zero risk for Covid-19 with antiviral allostatics the preventive immunostimulation. Unoversita Ambrosiana ed.

²⁰ Brera G.R. Person-centered Medicine: Theory,Teaching,Research. *Int.J.Pers. Cent.Med* 2011; 1 (1):69-79

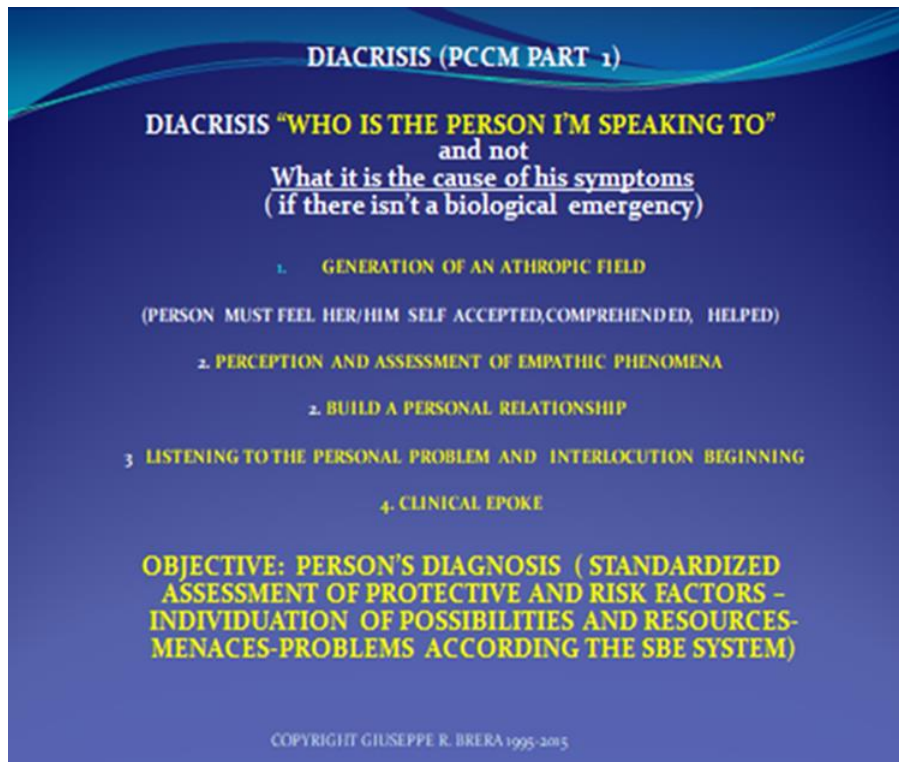


Fig.8 From: Brera G.R Epistemology and Medicine: Change of Medical Science's Implicit Paradigm. in . GR Brera, C.Violato eds Return to Hypocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005.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

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

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

Fig.9

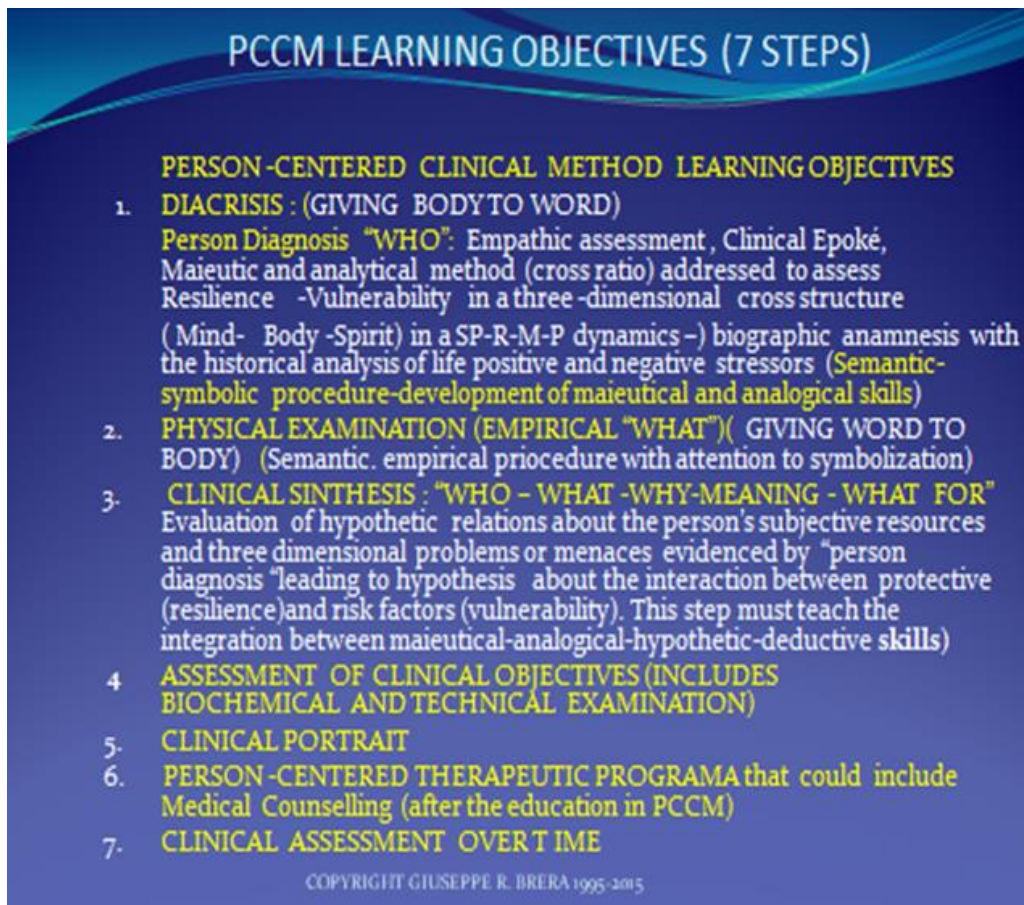


Fig.9 Learning objectives of Person-Centered Clinical Method

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The application of Person-centered Medicine, which requires a paradigm shift in public health and medical training, leads to a huge saving of suffering and costs as we have demonstrated scientifically and clinically with our pioneering research. Never has the political band of illiterates that has directed health care in Italy and in Lombardia region, until yesterday and the Italian health and university ministers listened to us. One result has been

a massacre in the Italian population caused by the errors in prevention of COVID-19 especially the elderly, but also the deaths of teenagers for mRNA vaccines that would be alive today.

Italy, and in particular the Lombardia Region, should have a debt of gratitude ,never manifested, for the innovation that we have introduced in Italy and in the world and that has led to a huge saving of sufferings and health costs for the application in the clinic of the adolescent of Person-centered medicine that led to the care of about 80,000 teenagers avoiding hospitalization and administration of unnecessary drugs and tests, as it appears from the world's first research on matter. (2003). (Tab.1) Of course, this data may worry the healthcare business, but real doctors need to be concerned about the patient's health, not profit.

Tab. 1

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

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

3. Papers and books that contributed to change the paradigms of health and Medicine

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2. Giuseppe R.Brera. (a cura di) Medici e adolescenti. Atti del Congresso a partecipazione internazionale. Assisi 23 Novembre 1999. Università Ambrosiana ed. 1999
3. Giuseppe R.Brera **The epistemologic manifesto of the person-centred medicine: the person's superiority above any reductionism**. In Giuseppe R.Brera ed. Medici e adolescenti. Atti del Congresso a partecipazione internazionale. Assisi 23 Novembre 1999. Università Ambrosiana ed. 1999
4. Brera G.R. . **Person-centered Medicine and Medical Education in third Millennium** (with the introduction of Josef Seifert The seven aims of Medicine it.) Roma- Pisa: IEPI ;2001 (Italian)
5. Brera G.R (ed.) Assisi 2003 – Young people and values. Università Ambrosiana ed.2003
6. Brera G.R., A. Zanon**, L. Berti ,P. Furba , I.P. Callegaro I.P., F. Caroli, A. Ciccarelli , M.R.. Giovinazzo, M. Giuliani., L. Mattaini G. Morganti , A. Nicita ,Piazzai L., Pinciaroli , I. Pissavini., M. Schiavi L.,Tambaro P., MG Zannoni ITFOP **Education in Person-Centered Clinical Method and Perceived Quality of Person-Centered Clinical method**. In : Brera G. R ,Violato C . ed. Proceedings of the first International Symposium on New Perspectives in Medical Education; 2003 October 23-25;Assisi,Italy, p 34. DOI:10.13140/RG.2.1.3374.5447. Available from http://www.unambro.it/html/pdf/Person_Centred_Clinical_Method_Teaching.pdf
7. Maurizio Bosio **Analysis of the Objective and Subjective Factors Influencing the Outcome of Anorexia treated with Kairological Counselling** in Giuseppe R.Brera, Claudio

Violato ed. Proceedings of the first International Symposium on New Perspectives in Medical Education; 2003 October 23-25;Assisi,Italy, Università Ambrosiana ed. 2003

8. Aldo Zanon , Patrizia Marchetti **Person-Centred Medicine and Youth Camps for Young People with Diabetes.** in Giuseppe R.Brera, Claudio Violato ed. Proceedings of the first International Symposium on New Perspectives in Medical Education; 2003 October 23-25;Assisi,Italy, Università Ambrosiana ed. 2003
9. Nara Ronchin, Giuseppe R Brera **Application of the kairos program to a group of prisoners** . Giuseppe R.Brera, Claudio Violato ed. Proceedings of the first International Symposium on New Perspectives in Medical Education; 2003 October 23-25;Assisi,Italy, Università Ambrosiana ed. 2003
10. Brera G.R, Violato Claudio, [\(a cura di\) Return to Hyppocrates. Quality and Quantity in medical Education. GR Brera, C.Violato eds Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.](#)
11. Brera G.R **Epistemology and Medicine: Change of Medical Science's Implicit Paradigm.** in . GR Brera, C.Violato eds Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.
12. Maestroni JG **Pathophysiology of a supersystem: Emerging evidence of the interaction between the brain and the immune system.** in GR Brera, C.Violato eds Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005
13. Lissoni P. **Teaching Clinical Psychoneuroimmunology: A brave new world?** In GR Brera, ,C.Violato eds Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

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19. **Aldo Zanon, GR Brera Person-Centered Clinical Method vs Traditional Clinical Teaching Method.** In GR Brera, C.Violato eds Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

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25. Zahra Jalili, Activities of Medical Educational Development Center from Views of the Faculty Members of Kerman Medical Sciences University . In GR Brera, C.Violato eds Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

26. Luciano Berti **Medical Counselling Learning and Teaching Quality**. . In GR Brera, C.Violato eds Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.
27. Niall Byrne **From Unidimensional to Multidimensional Competencies** - The Evolution of Medical Education: A Canadian Perspective . In GR Brera, C.Violato eds Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.
28. Peter Scoles **Assessment of Clinical Skills in Medical Practice** . In GR Brera, C.Violato eds Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.
29. **Brera G.R Person-Centered Medicine and Person-Centered Clinical Method** .
Università Ambrosiana ed. 2021 ISBN 9798722263544
30. WHO [Fourth Geneva Conference on Person-Centered Medicine Plenary Symposium on Education in Person-centered Medicine Wednesday, 4 May 2011](#)
31. Brera G.R **The Italian perspective in Person-Centered Medicine Teaching**. In the WHO Fourth Geneva Conference on Person-Centered Medicine Plenary Symposium on Education in Person-centered Medicine Wednesday, 4 May 2011
32. Brera G.R. **Person-centered Medicine: Theory,Teaching,Research**. Int.J.Pers. Cent.Med 2011; 1 (1):69-79
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Giuseppe R.Brera

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