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Person-Centered Women's Health 40 Years after Alma Ata

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Introduction to the Paul Tournier Prize session 11th April 2018

Mr President, esteemed colleagues, ladies and gentlemen,

As president of the international association of medicine of the person, founded by Paul Tournier, I am honoured to be opening the second **Paul Tournier Prize session**.

The Paul Tournier prize is awarded to an individual who has shown outstanding merit in support of Medicine of the Person.

According to the main argument of our congress, I would like to recall Paul Tournier's view of woman's mission in the medicine of the person.

Paul Tournier, published his first book on Medicine of the person and introduced the term to the medical world in 1940. In 1947 he gathered doctors from countries which had barely emerged from the hell of war at Bossey, to discuss about personal aspects in medicine. Very quickly, he realised that Medicine of the Person didn't only impact the doctor himself – at that time almost exclusively male - but also his wife and his female assistants. He therefore invited the doctors to come to the meetings and to the discussions together with their wives who often helped them in their practices.

The pattern of the discussions and conversations changed very rapidly. Women had something important to add. They made comments on the patients which were non-medical but personal: observations made after the patient had seen the doctor. She noticed the worry in the face of the young woman with a just detected pregnancy and the fear written all over the face of another woman at the prospect of returning home to her violent, alcoholic husband. The discussion groups were enriched by this feminine aspect of the encounter, the awareness of emotions, the feelings experienced by the patient during the encounter with the doctor. They realised the importance of an interaction full of empathy, sensitive to the patient's nonverbal expressions, a personal contact which is always at risk of taking second place in the technical consultation favoured by men. I also, from time to time, need to take notice of the observations of my clinical assistant which can surprise me and help me to understand my patients better.

In 1979, in his last book 'The gift of feeling' (in French, 'Woman's mission') Paul Tournier described his view of femininity (of course present also in male human beings) in personal relationships and particularly in the relationship between doctor and patient. He noted that women were much better integrated into society in the early Middle Ages than since the Renaissance. The return to Roman law and the development of natural sciences favoured

the rather masculine relationship me-it and the assumption of technical control over nature and over mankind. The relationship me-you, which is more personal and better developed by women, lost importance and was deemed less interesting. Women became objects and the property of man with limited responsibilities servicing sexual needs, family and good works.

Today, the move back from this behaviour has only happened very slowly and in many regions of the world not at all. A woman is not taken seriously, is not listened to, doesn't have the same chances for training and doesn't receive the same salary as a man. On the other hand, in Europe, medicine is being delivered more and more by women. Sadly, many of them have been marked by medical technology and betray their more personal, feminine approach, wanting to practise so-called good medicine 'like a man'. Let us encourage them to develop their feminine individuality in making not only good technical medicine but also good medicine of the person.

To finish I would like to submit to you a medical challenge which is typically female since the symptoms are all subjective and not measurable. You will certainly recognise women you have met because it is very frequent: a depressed woman, she cries over nothing, is tired, has headaches, stiff neck, muscular cramps, restless legs, difficulties sleeping, problems with her memory and troubles concentrating. She is losing her hair and her nails keep breaking. The clinical examination doesn't yield any abnormal findings and nor do routine blood tests. This woman is truly suffering and runs the risk of losing her job. Even her husband is thinking of leaving her because doctors can't find anything wrong after years of suffering. What illness is afflicting this woman, and with her, hundreds of millions of other women all over the world?

Well, in Europe, we call it the syndrome of iron deficiency without anaemia, due to menstrual periods and to disturbance of iron absorption in so called irritable bowel syndrome.

She will recover completely after iron transfusions, repeated as needed. Oral iron helps a little but is often not enough. The ferritin needs to exceed 100 ng/ml as in men, for iron reserves to be replete. Laboratories give 30 ng/ml as normal. It is never enough. In countries with precarious health conditions, iron deficiency is a social scourge of the women, which is poorly recognised and saps their physical or psychological resistance.

The role of medicine of the person here is not only to analyse psychosomatic aspects but to be interested in the patient's person and complaints and to take seriously subjective symptoms and signs, applying knowledge of somatic medicine. Give enough iron to these women so that they can take up their social responsibilities, and be able to fulfil them in a more personal, feminine way. Tournier would have taken pleasure in seeing them take more power. That would really change our world.

I thank you for your attention.