Biomedical model of health

This assignment looks at the Biomedical Model of Health, what it means, what its advantages and disadvantages are, and criticisms from other perspectives on health.

Definition of Biomedical Model of Health

In order to outline and assess the ‘ biomedical model’ of health, we must first comprehend what it is, along with an understanding of the terms ‘ health’, ‘ illness’ and ‘ disease’. The biomedical or medical (sometimes also known as the bio-mechanical) model of health, is a scientific measure of health and regards disease as the human body having a breakdown due to a biological reason. A patient is seen as a body that is sick and can be handled, explored and treated independently from their mind and other external considerations. The treatment therefore will be from medical professionals with appropriate knowledge, and must take place in an environment where medical technology exists (Giddens. 2009). A definition of ‘ health’ from the World Health Organization (WHO – specialist to international public health for the United Nations) is: “ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization. 1946). ‘ Illness’ is what a patient suffers when they experience a breakdown in the way they are feeling or thinking, and ‘ disease’ is an abnormality with the body and its component parts and is diagnosed and treated by doctors (Pool and Geissler. 2005).

Biomedical Model Advantages

The biomedical model of health is present in modern Western societies. Since it looks mainly at ill health being caused by biological factors, including lifestyle choices like smoking, unhealthy diets and lack of exercise, this could

be seen as “ blaming car breakdowns on poor maintenance and lack of proper servicing, or on bad luck” (Browne. 2011). This model underpins policies and practice of our NHS and is basically what defines our health care services, as scientific approaches to health have replaced older, more traditional approaches. Medical practitioners have had many years of training, and the biomedical model maintains are the only people suitable to deal with our sick bodies. Hospitals and other clinical environments with specialist medical equipment, is where treatment should be given and received. Doctors have power in the biomedical model and are also able to maintain it. Blaxter (2010) summed this up with the following quote; “ There is an association with the definition of health as equilibrium and disease as a disturbance of the body’s functions, with the purpose of medical technology the restoration to equilibrium”. Specific advantages of the biomedical model, are that the patient’s main concern is for the best possible treatment and recovery, and this model shows clear guidance in this regard. Furthermore, this approach is supported by scientific research, much of which is impartial and proved beyond reasonable doubt. Some disadvantages however are, that patients are known not as the individual person they are, but as their diagnosis. Both patients and healthcare workers dislike the loss of the ‘ care factor’, as more emphasis is on the modern technology used. Increasing evidence also shows that holistic care can have improved health results in its own right (Pearson et al. 1986). Field (1976) and Blaxter (1987) see illness as a social construction, as they have observed how it is possible to experience illness without the presence of disease and have a disease without feeling ill (Blaxter. 2010).

The regulation of women's bodies by controlling their sexual expression and reproductive capacity is now conducted through medicine, whereas in the past religion played this role. For women, a healthy body is tied to healthy sexuality and reproduction within the confines of lawful marriage.

Interactionists are interested in how doctors and patients negotiate a diagnosis (ie a sickness label). Byrne and Long found that there is a conflict between doctors' and patients' views of the ideal consultation (not surprisingly, doctors prefer short, doctor-centred consultations).

Talcott Parsons was a Functionalist, known for his ' sick role' theory in 1951 (cited by Moore. 2008). Functionalism looks at the separate parts of society and how these parts strive together to provide strength to the entire society, so an effective society relies on social structures working well together within social hierarchy. Illness is ' deviant' behaviour that disrupts society. Parsons argued that when people fall ill they no longer function in their normal role, they now have a new temporary role of being sick, and therefore need a doctor to confirm they are ill, give permission to take time off work or from their normal duties, and use their medical expertise to make them well again (this will of course, not be the case with chronic illness). Should the doctor not confirm your illness, you could be perceived as evading your responsibilities by making out you are incapacitated. Consequently, doctors have social control and this perspective fits well with the biomedical model. Each individual has a mutual duty to get themselves well again, with little empathy if their illness is self-inflicted, for example drinking too much alcohol. We can therefore see how functionalism supports the biomedical

view, where the medical profession are the only ones capable of diagnosing and curing illness. (Browne. 2011)

Biomedical Model Criticisms and Disadvantages

Criticisms of the biomedical model are that overall health is linked far more to environmental and social changes, rather than medical influences (McKeown. 1979. Cited by Moore. 2008). An example of this was the improvements to sanitation and hygiene; water supply; nutrition and food processing procedures, and better housing conditions. McKeown also argues that whilst medicine is at times very effective, it is also ineffective in the way that a patient may recover initially, whilst leaving underlying problems still present. An example of this would be a patient who had a liver transplant due to alcohol abuse, but the reasons for abusing alcohol in the first place may not have been fully addressed. A further point is that ‘ alternative’ or ‘ complementary’ medicine, that is not approved by the British Medical Association but which could be of benefit to patients, is seen as inferior by the medical profession – but to not even consider it, is not in the patient’s best interests (Giddens. 2009).

Marxism is the movement founded by Karl Marx (1818-1883) and Frederick Engels (1820 – 1895) and is the political economy view, in which it argues the same as the functionalists on the concept of social control, but with the important difference that medicine operates for the controlling groups within our society – Capitalists. Marxist beliefs are that the capitalist society profit is more important than the people and the health care they received. The aim of medicine is just to keep people fit enough to continue working for capitalists. Navarro (1976) suggests that pharmaceutical companies (who

make billions) do not really want to find cures, as this would result in cuts in their profits. A recent newspaper article was written about this and headed: ‘ With a pill for every possible situation, pharmaceutical companies see patients as no more than pound-signs’ (The Independent. 2012). Furthermore, the true social aspects and poor health are not being confronted by the government, and businesses are allowed to carry on making money from products that are damaging to health, like cigarettes and tobacco (Browne. 2002). A materialist view proposes that the population’s welfare suffers from an imbalance in income and lack of investment in resources such as schools, hospitals and housing, and this equates to reduced health outcomes (Bradby. 2012).

According to Bilton (2002), the feminist critique on health looks at how over the last century the male-dominated medical profession has introduced the medical model to menstruation, contraception, pregnancy and childbirth. There was obviously an appeal during this time in creating a medical market by the developing medical specialists. However, in times of religion and lawful marriage and before any medical intervention, these areas were seen as ‘ natural’ and were being dealt with by the women themselves with support from female family and friends. Having a doctor present at child birth was of little use, as evidence showed their lack of knowledge around the process of birth, and that this basically meant that the medical intervention often put both child and mother in danger. “ Feminists argue that only by breaking with the malestream of orthodox medicine can women regain control over their own bodies” (Bilton. 2002).

Ivan Illich (1975) defined ‘ health’ very differently to the biomedical definition, in that it is the capacity to cope with the human reality of death, pain and sickness. Medicine is seen by Illich as positively harmful. Using the concept of ‘ iatrogenesis’ (a condition caused by the medical profession or medical procedure), Illich argues that medical treatments fail to bring about cures and also cause more illness through ‘ side effects’ (clinical iatrogenesis). An example of this in 2004, was when Leslie Ash (English Actress) became ill with MSSA (Methicillin-Sensitive Staphylococcus aureus, a common bacteria that can cause a wide variety of infections) after being admitted into hospital. The Daily Mail reported:

“ She believes the MSSA set in when doctors inserted an epidural needle to relieve the pain while they put a drain into her chest. The infection caused a large abscess to form, putting pressure on her spinal cord and paralysing her.” (Daily Mail. 2005).

As medical treatments grow, an artificial need is created for them (social iatrogenesis). An example of this could be going into hospital to die, instead of staying in your own home. This in turn results in people becoming increasingly dependent on the medical profession for conditions they feel unable to cope with themselves (cultural iatrogenesis). This could include the ability to manage sickness, pain and death. (Giddens. 2009)

The social model of health sees illness and health in ways other than just scientific or medical facts. It looks at wider factors that can cause ill health: poverty; poor housing; job-related stress; pollution; deprived neighbourhoods and poor life choices. All of these factors can shape our physical and mental

health, not just science. Health is seen differently between individuals and also depends upon culture and the society we are living within. What one person regards as being ill may not be what other people with the same or similar condition regard as ill. We have a choice about this, but only medical experts have the authority to class someone as ill. Social and environmental factors will show patterns within health. It has been shown that people from lower classes tend to make poorer life choices, for example with smoking, eating unhealthily and not exercising enough. This can be for a variety of reasons, often which lead back to financial restraints and the knock-on effect that this has. (Giddens. 2009). The lower classes are likely to be unable to afford the same access to facilities and choices as those who are of a higher class, and this can be within all aspects of society from leisure facilities to the medical treatment received. Cultural explanations for poor health basically blames the individual's themselves, due to their poor life choices like smoking and drinking, as this can lead to numerous health conditions including cancer, heart disease and asthma. Although we should not take this as the whole picture, as some individual's would make healthier life choices if they could afford to. The Black Report (1980) confirms that although cultural, behavioural and also genetic explanations play their part, it was shown in the study that there is a wide difference in health between the wealthy and the poor. Although health improvements are seen across the spectrum, the mortality rates on working age men is widening between the classes. (Moore. 2008). Illnesses within societies also change over time, for example we rarely hear about cases of German Measles (Rubella) any more due to vaccinations in the past for teenage girls, and also the MMR (Measles, Mumps and Rubella) vaccination, which came out in 1988 and is

advised for all babies around 11 months of age. We hear much more nowadays about ADHD (Attention Deficit Hyperactivity Disorder) and Anorexia. We need to realise however, that there are limits to the ‘ social’ model of health. Medicine has greatly helped improvements in health through childhood vaccinations and we have seen cures from the medical profession with some cancers, for instance. However, it is clear that without social improvements, medical advances would not be sufficient.

Conclusion

It is evident that the biomedical model is the most dominant model of health and conflicts with the main opposition, the social model, as it doesn’t take into account the wide range of considerations, just the human body and its focus on the cure rather than prevention. Thomas McKeown’s (1912-1988) historical analysis on environmental factors is still relevant today.

It would appear that healthcare systems could review the way in which they work and include a holistic approach, including patient’s opinions being taken into account and choices given as to where recovery can take place, as this does not necessarily need to be in a hospital environment.