

# [According on a person’s health dramatically not having](https://assignbuster.com/according-on-a-persons-health-dramatically-not-having/)

Accordingto the world health organisation what is meant by health is “ a state ofcomplete physical, mental and social well-being and not merely the absence ofdisease or infirmity” the definition has not been amended since 1948 (worldhealth organisation, 2017). Environments, circumstances and other combining factors determine the health of thepopulation.

The makeup of people’s lives determine their health. I have establishedfactors to take into account these are as follows: where we live the location, the living conditions in general clean running water, heating, warmth ect. Thestate of our environment, genetic history, also our income plays a huge rolewith regard to class this is based on occupation head of household. Educationallevels determine what job you can get which then determines your income, anestimated 6 million in the uk cannot read or write there for this prevents themfrom becoming established and getting a good job. Our relationships withfriends and family all have considerable impacts as these relations formsupport networks and provide people with self-worth.

People that tend to have ahigher income and social status are linked to better health and tend to livelonger. There is a big gap between the poor and the rich, resulting indifferences in health and wellbeing (Worldhealth organisation, 2017). According to White (2009 p. 1) “ Poor living and working conditions make peoplesicker, and poorer people die earlier, than their counterparts at the top ofthe social system. Even when there are improved living conditions and medicalpractises, but inequalities based on class, gender and ethnicity are nottackled, the differences between the rich and the poor persist and widen. Disease and inequality are intimately linked. People at the top of the ladderthe more wealthy clientele are healthier and live longer, while those at thebottom are sicker, do not live as long, and die more from preventable diseaseand accidents” Even Low education levels are linked with poor health, this cancause stress and low self-confidence. The physical environment we live in cancontribute to an individual’s health if we do not have access to safe water, clean air, hygiene, healthy workplaces, the community and the peopleliving in that area will suffer.

Having a safe home to live in is a big factor forexample if you are homeless this can impact on a person’s health dramaticallynot having a roof over your head, a bed to sleep in, warmth, running water thebasic things in life impact health. Employment and working conditions we cansee that people in employment are healthier, with their mind kept active. Particularlythose who have more control over their working conditions tend to livehealthier lifestyles. Social support networks having support from families, friends and the community you live in is linked to better health. Culture, customs and traditions, and the beliefs of the family and community all affecthealth. Genetics and inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal individualbehaviours and coping skills including balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges allaffect health. Health services availability being able to gain access and useof services that prevent and treat disease influences is very important.

Theimpact of health Gender, Men and women suffer from different types of diseasesat different ages.  All these thingsdefine what is meant by health (Worldhealth organisation, 2017). There are two main approaches the bio-medicalmodel and the socio-medical model of health. The bio – medical model is mostdominant in the western world and focuses on health purely in terms ofbiological factors.

Contained within the biomedical model of health is amedical model of disability (‘ Discover Sociology The Biomedical Model’, 2017) In order to outline and assess the ‘ biomedical model’ ofhealth, we must first comprehend what it is, along with an understanding of theterms ‘ health’, ‘ illness’ and ‘ disease’. Defined as a scientific measure ofhealth and regards disease as the human body having a breakdown due to abiological reason.              A patientis seen as a body that is sick and can be handled, explored and treatedindependently from their mind and other external considerations. The treatment thereforewill be from medical professionals with appropriate knowledge, and must takeplace in an environment where medical technology exists (Giddens. 2009).

‘ Illness’ is what a patient suffers when they experience a breakdown in the waythey are feeling or thinking, and ‘ disease’ is an abnormality with the body andits component parts and is diagnosed and treated by doctors (Pool and Geissler. 2005). The biomedical modelof medicine has been around since the mid-19th century as the predominant model used by physicians in diagnosingdiseases. It has four core elements. The biomedical model of health focuses on purely biological factorsand excludes psychological, environmental, and social influencesit Views health as ‘ the absence ofdisease’ particully Focuses on diagnosing& curing illnesses thisbeing relevant for Westernsocieties, The NHSis based on Biomedical assumptionsHealth professionals are neededto cure disease and illness. (Promoting Health a Practical guide, 2017) This isdone by prescribing medication using medical resources to treat the problem. Wehave made huge changes with treating disease through vaccinations those wholead in example are louis Pasteur and also alexander Fleming discoveredpenicillin which is absolutely vital today (Communicating Health, 2007) The idea that people’s health ispredominantly a reflection of science’s understanding of the body, the diseaseprocess and the development and availability of effective treatments reflectsthe biomedical model of health.

A’heroic’ view of medicine, the struggle for better health is seen as a warwaged by doctors and medical scientists against the enemy of disease. Healthis the absence of biological abnormality we no that diseaseshave specific causes. The human body is likened to a machine to be restored tohealth through personalised treatments that stop or reverse the disease process. The health of society is seen as largely dependent on medical knowledge and theavailability of medical resources. Illness is always caused by anidentifiable (physical or mental) reason and cannot be the result of magic, religion or witchcraft. Illnesses and their causes can be identified, classifiedand measured using scientific methods. If there is a cure, then it willbe through the use of drugs or surgery, rather than in changing socialrelationships or people’s spiritual lives. This is because the cause almostalways lies in the actual physical body of the individual patient.

Nettleton (1995) Mind-body dualism. Anacceptance that when treating disease, the mind and body can be considered astwo separate objects. The physical body rather than the problematic mind is thesubject of medicine. Medicine is said to view the body as a machine, thefunctioning of the body is determined by biological and scientific laws.

Havingknowledge of how the body functions allows medical practitioners to ‘ repair’any dysfunction.                   Thisrefers to the significance of medical methods of intervention, whether surgicalor pharmacological. (PromotingHealth a Practical guide, 2017) Thedevelopment of medical technology has considerable benefits but this comes at acost, e. g.

harmful consequences of medicine/medical intervention. The tendencyto reduce all explanations to the physical workings of the body. One of themajor criticisms of this model is that is seems to ignore social andpsychological factors that influence health.

The belief that all disease comesfrom specific and identifiable causes. The biomedical model appears to beinflexible and rigid, reflecting the past rather than medical practice today. However, it is argued that the central elements of medical knowledge remain butthat this adapts and changes with new discoveries. The model focuses on the individual and does not find ways tosolve the root cause. Causes may be varied for example ill health may notalways be due to the individual’s lifestyles choice.

The social model of health looks athow society and our environment affect our everyday health and wellbeing, includingfactor such as social class, occupation, education, income and poverty, poordiet and pollution. E. g. poor housing and poverty are causes to respiratoryproblems and in response to these causes and origins of ill health. Thesocio-model aimed to encourage society to include better housing and introduceprograms to tackle poverty as a solution. The focus of these models is toexplain why health inequalities exist and persist. Bycontrast, the social model stresses the impact of the environment on health, the need for collective methods in the community to address health issues(particularly health inequalities) and health promotion. Hence the social modelsuggests that individual and community health results from complex cultural andstructural influences affecting particular groups of people – ethnicminorities, women, the elderly, etc.

This interpretation incorporates the widersocial perspectives that affect individuals’ well-being. It focuses on thebarriers and difficulties that prevent the ‘ ill’ person from having access tohealth and ‘ normality’. These include: lack of information or education onhealth care; lack of transport facilities to enable contact with doctors. (Communicating Health, 2007) The Marmot Review has a big impact onhealth and what we no. This has massively contributed to England’s healthpolicy and practice. Health inequalities are at the center of the new healthsystem in England, as outlined in the government’s 2010 White Paper, HealthyLives, and healthy People.

Professor Marmot chaired the Commission on SocialDeterminants of Health set up by the World Health Organization in 2005 tosupport tackling the political, social and economic determinants of poor healthand avoidable health inequalities. The final report, entitled closing the Gapin a Generation, was published in 2008. (University College London, 2017) prominent reports forhealth inequalities have been published these include the Black Report (1980), the Acheson Report (1997), and most recently a report by the UN’s World HealthOrganisation (WHO). It found that a boy from Lenzie, an affluent area in EastDumbartonshire could expect to live up to 28 years longer than a boy from Calton, a deprived area in Glasgow. There are many reasons for inequalities in health in the UK. Althoughsome parts of the country have poorer health records than others. Differencesbetween the poorest and richest parts of Glasgow are greater than averagedifferences between Scotland and South-East England. There are significant differencesin life expectancy of at least 10 years between different groups in society.

Those living in poverty generally have poorer life chances and poorer healthbecause of lower living standards, including poor housing and poor diet. Thosein lower paid, unskilled jobs have a greater risk of accidents at work and cansuffer from stress linked to unemployment. Professionals enjoy healthierlifestyles, not just because they have a better standard of living but alsobecause they are more likely to be aware of health issues than unskilledworkers. Similarly, women are more aware of health issues and more likely toconsult doctors than men. As a result, women appear to have higher sicknessrates than men, but this may reflect the fact that more male ill health isunreported. TheNational Health Service (NHS) was set up as part of the post-war Welfare State.

Its original aims were to provide a comprehensive, integrated service free atthe point of use. Its intention was to provide the best possible care for allcitizens and, wherever possible, prevent ill health. The NHS has not been ableto fully meet these aims due to the unexpected cost of healthcare and anever-increasing demand for limited resources. The NHS has treated more patientsevery year and introduced many new treatments. With limited resources it hashad to deal with increased patient expectations, and the cost of newtechnologies and drugs. The care needs of the increasingly elderly populationare also putting a significant strain on the NHS. As such it is often said tobe ‘ a victim of its own success’.

(BBC, 2014)