

According on a
person's health
dramatically not
having



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According to the world health organisation what is meant by health is " a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" the definition has not been amended since 1948 (world health organisation, 2017). Environments, circumstances and other combining factors determine the health of the population.

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

People that tend to have a higher income and social status are linked to better health and tend to live longer. There is a big gap between the poor and the rich, resulting in differences in health and wellbeing (World health organisation, 2017). According to White (2009 p. 1) " Poor living and working conditions make people sicker, and poorer people die earlier, than their counterparts at the top of the social system. Even when there are improved living conditions and medical practises, but inequalities based on class, gender and ethnicity are not tackled, the differences between the rich and the poor persist and widen. Disease and inequality are intimately linked.

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People at the top of the ladder the more wealthy clientele are healthier and live longer, while those at the bottom are sicker, do not live as long, and die more from preventable disease and accidents" Even Low education levels are linked with poor health, this can cause stress and low self-confidence. The physical environment we live in can contribute to an individual's health if we do not have access to safe water, clean air, hygiene, healthy workplaces, the community and the people living in that area will suffer.

Having a safe home to live in is a big factor for example if you are homeless this can impact on a person's health dramatically not having a roof over your head, a bed to sleep in, warmth, running water the basic things in life impact health. Employment and working conditions we can see that people in employment are healthier, with their mind kept active. Particularly those who have more control over their working conditions tend to live healthier 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 affect health. Genetics and inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal individual behaviours and coping skills including balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health. Health services availability being able to gain access and use of services that prevent and treat disease influences is very important.

The impact of health Gender, Men and women suffer from different types of diseases at different ages. All these things define what is meant by health
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(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 a medical 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 the terms ' health', ' illness' and ' disease'. Defined as a scientific measure ofhealth 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).

' 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). The biomedical model of medicine has been around since the mid-19th century as the predominant model used by physicians in diagnosing diseases. It has four core elements. The biomedical model of health focuses on purely biological factors and excludes psychological, environmental, and social influences. It views health as ' the absence of disease' particularly. Focuses on diagnosing & curing illnesses this being relevant for Western societies, The NHS is based on Biomedical
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assumptions Health professionals are needed to cure disease and illness. (Promoting Health a Practical guide, 2017) This is done by prescribing medication using medical resources to treat the problem. We have made huge changes with treating disease through vaccinations those who lead in example are Louis Pasteur and also Alexander Fleming discovered penicillin which is absolutely vital today (Communicating Health, 2007) The idea that people's health is predominantly a reflection of science's understanding of the body, the disease process and the development and availability of effective treatments reflects the biomedical model of health.

A 'heroic' view of medicine, the struggle for better health is seen as a war waged by doctors and medical scientists against the enemy of disease. Health is the absence of biological abnormality we know that diseases have specific causes. The human body is likened to a machine to be restored to health through personalised treatments that stop or reverse the disease process. The health of society is seen as largely dependent on medical knowledge and the availability of medical resources. Illness is always caused by an identifiable (physical or mental) reason and cannot be the result of magic, religion or witchcraft. Illnesses and their causes can be identified, classified and measured using scientific methods. If there is a cure, then it will be through the use of drugs or surgery, rather than in changing social relationships or people's spiritual lives. This is because the cause almost always lies in the actual physical body of the individual patient.

Nettleton (1995) Mind-body dualism. An acceptance that when treating disease, the mind and body can be considered as two separate objects. The physical body rather than the problematic mind is the subject of medicine. <https://assignbuster.com/according-on-a-persons-health-dramatically-not-having/>

Medicine is said to view the body as a machine, the functioning of the body is determined by biological and scientific laws.

Having knowledge of how the body functions allows medical practitioners to 'repair' any dysfunction. This refers to the significance of medical methods of intervention, whether surgical or pharmacological.

(Promoting Health a Practical guide, 2017) The development of medical technology has considerable benefits but this comes at a cost, e. g.

harmful consequences of medicine/medical intervention. The tendency to reduce all explanations to the physical workings of the body. One of the major criticisms of this model is that it seems to ignore social and psychological factors that influence health.

The belief that all disease comes from specific and identifiable causes. The biomedical model appears to be inflexible and rigid, reflecting the past rather than medical practice today. However, it is argued that the central elements of medical knowledge remain but that this adapts and changes with new discoveries. The model focuses on the individual and does not find ways to solve the root cause. Causes may be varied for example ill health may not always be due to the individual's lifestyle choice.

The social model of health looks at how society and our environment affect our everyday health and wellbeing, including factors such as social class, occupation, education, income and poverty, poor diet and pollution. E. g. poor housing and poverty are causes to respiratory problems and in response to these causes and origins of ill health. The socio-model aimed to encourage society to include better housing and introduce programs to tackle poverty as <https://assignbuster.com/according-on-a-persons-health-dramatically-not-having/>

a solution. The focus of these models is to explain why health inequalities exist and persist. By contrast, 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 model suggests that individual and community health results from complex cultural and structural influences affecting particular groups of people - ethnic minorities, women, the elderly, etc.

This interpretation incorporates the wider social perspectives that affect individuals' well-being. It focuses on the barriers and difficulties that prevent the 'ill' person from having access to health and 'normality'. These include: lack of information or education on health care; lack of transport facilities to enable contact with doctors. (Communicating Health, 2007) The Marmot Review has a big impact on health and what we know. This has massively contributed to England's health policy and practice. Health inequalities are at the center of the new health system in England, as outlined in the government's 2010 White Paper, Healthy Lives, and Healthy People.

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

Those living in poverty generally have poorer life chances and poorer health because of lower living standards, including poor housing and poor diet. Those in lower paid, unskilled jobs have a greater risk of accidents at work and can suffer from stress linked to unemployment. Professionals enjoy healthier lifestyles, not just because they have a better standard of living but also because they are more likely to be aware of health issues than unskilled workers. Similarly, women are more aware of health issues and more likely to consult doctors than men. As a result, women appear to have higher sickness rates than men, but this may reflect the fact that more male ill health is unreported. The National 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 at the point of use. Its intention was to provide the best possible care for all citizens and, wherever possible, prevent ill health. The NHS has not been able to fully meet these aims due to the unexpected cost of healthcare and an ever-increasing demand for limited resources. The NHS has treated more patients every year and introduced many new treatments. With limited resources it has had to deal with increased patient expectations, and the cost of new technologies and drugs. The care needs of the increasingly elderly

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population are also putting a significant strain on the NHS. As such it is often said to be 'a victim of its own success'.

(BBC, 2014)