Comparing models of health

ASSIGN BUSTER

“ Compare and contrast any two models of health. Briefly explain the relationship between named social factors and health”

There are numbers of ways of how health can be defined. One of most known definitions is by World Health Organization that states ‘ health is a state of complete physical, mental and social well-being and not merely the absence of diseases’. However, there are three main models of health and each of them has its own definition. This essay will compare and contrast two models of health – bio-medical model and social model – as well as discus s range of social factors that affect it health.

Over the last century the most influencing and dominant model in health in Western countries has been biomedical model. It began in nineteenth and early twentieth centuries, when there were great advances of medical science (Taylor, Field). Biomedical model is a conceptual model of illness that only includes biological factors, excluding possible psychological and social factors in attempt to understand person’s medical illness or disorder (Mondofacto, 2009). In other words, biomedical model sees human body as a machine that if it is not working then it needs to be fixed. Furthermore, it only embraces one cause of illness, dismissing other possible factors that may have lead to it. Prevention of disease is not the priority of this health model; it focuses on finding a cure. The aim of biomedical model is to “ reduce morbidity and premature mortality” (Naidoo, Willis, 1994)

The social model of health is not as popular as biomedical model, because its cure of illness or disease is not so straightforward. It focuses on the lifestyles and behaviour of individuals as well as it stresses and encourages personal responsibility. According to Taylor and Field (2007) ‘ significant improvement

in health is more likely to come from changes in people's behaviour and in the condition under their live'. Following this further, social model of health acknowledges influences on health of political, economic, social and environmental factors with the aim of changes in them, which will help to promote help. (Naidoo, Willis, 1994) On the contrary to biomedical model, the social model of health sees body as a whole rather than separate bodily part.

The biomedical and social models of health are different in most of the aspects. Though their both promote health, their propagation towards it and understanding in health is different. While bio – medical model of health states that " the individual is not responsible for their illness and that mind and body work independently from each other (Ogden, 2004), the social model's affirmation is different. It believes in overall state of health that addresses to physical, social and economic environment (Naidoo, Willis, 1994). For example, biomedical model of health would claim that lung cancer is caused by smoking, while social model of heath may suggest that passive smoking or hereditary disposition to the disease can be causes to it. Pursuing this further, Blaxter (2004) yet suggest that bio – medical model of heath does not promote a healthy lifestyle, as it could be thought if you are smoking, excessively drinking and eating unhealthily but not feeling ill, then it is acceptable to carry on with that. Controversially, social model of health is looking at it differently, by encouraging people to lead a healthy lifestyle and prevent illnesses and diseases (Blaxter, 2004).

The differences between the bio-medical and social models of health intensifies even more when in eighteenth and nineteenth centuries mortality

and morbidity rates decreased. The reasons of these magnificent changes were ‘ reduction in mortality from infectious diseases such as tuberculosis, cholera, diphtheria and dysentery’ (Morgan, Calnan, Manning, 1998,). The serious debate begun between Griffiths and McKeown, after Griffiths claimed, the ‘ growth of the hospital, dispensary and midwifery services, additions of knowledge of physiology and anatomy, and introduction of smallpox inoculation’ (ibid) were the great causes of declining in mortality rates. Despite the strong evidences, Tom McKeown proved that T. Griffith’s analysis were wrong and gave distinctive examination. It was concluded that particularly improved living conditions, sanitation and nutrition as well as limitation in family size were the major factors of reduction in mortality rates. By this, McKeown demonstrated that social and environmental conditions have a big impact on people’s lives.

In Modern Britain social classes still exist with lower classes living in poverty and facing inequalities in health. For long, health inequalities between social classes were not certified until ‘ Black report” was published in 1980. By using infant mortality rates, life expectancy, mental illness and causes of death, it showed that the higher person’s social class is, the more likely he would be in a good health. Since the general living and working conditions are significantly worst in lower social classes, these evidences do not come as a surprise. Not only people live in inadequate housing conditions, such as damp, disrepair and lack of toilet facilities (Naidoo, Willis, 1994) – which have an impact on health – but also are more inclinable to lead unhealthy lifestyle with lack of exercises, poor nutrition and bad habits (Browne, 2005). Consequently, people living under these conditions have more health

problems, such as heart diseases and respiratory illnesses. Following this further, people from deprived areas are not only more likely to suffer from ill health, but also, have to face a poorer medical care, with overworked GPs and long waiting lists in hospitals. (Browne, 2005)

However, bio – medical model of health does not agree with social model by raising awareness in inequalities in health between social classes, stating, that the ‘ diseases of affluence’ , such as coronary heart diseases and cancer are the major killers in contemporary Britain’ (Naidoo, Willis, 1994). Yet, Naidoo and Willis (1994) represented argument that these diseases are more common in lower social classes. Notwithstanding, Bio – medical model agrees with social model of health about sex differences in morbidity and mortality. Naidoo and Willis report ‘ that women are more resistant to infection and benefit from a protective effect from oestrogen accounting for their lower mortality rates’ (Naidoo, Willis, 1994). Even so, the bio medical model can not explain the difference of women’s mortality rate between social classes yet again.

In conclusion, it is observable that both bio – medical model and social model of health has a great arguments in their believes and promotions. However, it is clear that social model of health is offering more holistic approach to health by looking at lifestyle and environment with the aim to prevent illnesses before it appeared. Saying that, without a bio – medical model of health, medicine would not be as much advanced as it is now. Ideally, both models of health should be working along side to provide with the best care in health and so much needed qualities in health.

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