

Models of health: epilepsy case study



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This essay will highlight a narrative of a 40 year old woman who has a history of epilepsy. For confidentiality reasons and keeping in line with the NMC Code of Conduct (2008), the name Jane will be used as pseudonym to explain excerpts from her narrative. In order for the nurse to retell her story, she had to give consent. Jane therefore consented to have her story relayed for the purpose of this assignment. Her story will be narrated and the key concept analysed by illustrating the psychological and sociological literature related to her illness.

In order to assess the biomedical model of health, it is vital to understand what it means. Biomedical model being the dominant model considers disease as the breakdown of the human body due to biological factors. It takes the view of the reductionist with the belief that people are biological creatures (Lewis 2009). The treatment entirely lies with the doctor and patients should follow the doctor's guidelines. One criticism with this model is that, it lays more emphasis on the medical influence and less on the environmental and social changes which are equally important in health and disease.

However, Haveilka et al (2009) argues that, even though biomedical model of health focuses on medical responses, it has enabled the development of vaccines and drugs which have reduced high mortality rates in the 20th century. Diseases such as smallpox have been eradicated and a reduction in polio, tetanus and diphtheria in the United Kingdom through immunisation programmes (DOH 1996, 2006). Illness may occur when there is no identifying cause. Moreover, patient's health will not be restored with

treatment directed only looking at the biochemical abnormalities (West K 2011).

Biopsychological model of health according to Engel (1977) on the other hand, is the combination of social, biological and psychological factors which play a significant role in human functioning in the context of illness or disease. This model looks at the holistic approach to health, whereby doctors need to understand the illness from the patient's perspective rather than limiting it to the disease (Borrell-Carrio et, al. 2004). It does not only deal with the illness but also the capacity of being ill. This will improve patient-doctor relationship with effective communication in medical practice.

Patients should actively engage in their treatment process rather than just medical advice from doctors. It reinforces patient centred care and focuses on the roles of both the doctor and the patient. Therefore, it is vital that doctors should listen to patient's narrative and communicate to the patient in a simple term which can be assimilated and understood easily (Suchman 2005). In addition, this will encourage patients and empower them to participate in their treatment process, by motivating and implementing self care plans in collaboration with the Multi Disciplinary Team to improve their health.

The concept of disease according to Engelhardt (1981) is a correlation between the signs and symptoms and the purpose of explaining, predicting and controlling the disease. Whereas, Boorse (1977) suggests that, disease is only an illness, and if a person can no longer bear the consequences of it, they will need special treatment and an explanation of how they feel. It should also be noted that emotions, cognitions and actions play a vital role in

health. The way people feel, think and behave all affect their general health and well being.

According to World Health Organisation (WHO) health not is just the absence of disease, but a complete mental, physical and social well being (WHO 1946). Being healthy is an assessment notion which is based on social, mental and physical adherence. However, to be normal depends on various factors, including gender, age, cultural and socio economic status.

Conversely, illness is considered to be a deviation from the norm and people perceives illness to be distressing and requires special treatment (West 2011). Disease disrupts activities of daily living therefore, health does not just affect individuals but the society as a whole.

Jane was diagnosed with epilepsy at the age of 23 years. Epilepsy is a neurologic illness resulting in changes in the electrical systems, which controls physical and mental functions (ref). It is a brain disorder that triggers recurring seizures and in most cases and there is no known cause. According to NHS choices, epilepsy can be classified as either partial or generalized depending on what part of the brain is affected. Partial seizure can be further categorised into simple partial seizure, where the patient is conscious throughout the seizure. The other partial seizure is the complex partial seizure, whereby the patient is not aware of his/her surrounding, as well as not knowing what happened while the seizure was taking place and afterwards. The other class of seizure is called generalized seizure. It is characterised by the patient being unconscious throughout the seizure. This type of seizure affects the whole brain (NHS choices 2012). Jane's revealed that she suffers from the generalized seizure, which has disabled her life and

well-being. There is no known cure for epilepsy, but it can be managed in such a way that Jane can have a reasonable quality of life.

Life course in the context of health and illness looks at how relationships, age, common life transition and people's way of life are changed from birth to death (Hutchinson 2010). By using life course approach, it can be seen how social, cultural and historical experiences affect each stage in life (Yuill et al 2010). Jane's narrative is clearly a life event and which has become a turning point in her life course trajectory. A turning point is when changes occur in people's life which involves sudden breaks in life events and make a lasting effect in their life course trajectory (Hutchinson 2012). Jane's life has changed drastically due to her illness and this has an impact on her general wellbeing. This involved changes in her roles and status during this critical period of her life.

Considering the demographical circumstances of Jane, she was born in 1974 and she is a member of a cohort called Generation X. Cohort according to Green (2010) refers to groups of people who are born in a particular era and share common qualities. She comes from an affluent background, well educated, attracted by lifestyles, enjoyed freedom and autonomy, all of which constituted the Gen X. Jane was born in an era of medical advances, technology, computers and the discovery of more drugs to treat epilepsy. She has done more research in the epidemiology of epilepsy. Thus, she has become aware and knowledgeable of her illness, which has had a negative impact on her health, lifestyle in general and an adverse effect on her social circumstances (ref).

According to Parsons (1951) theory, the sick role is influenced by demographic, social, cultural and medical aspect of illness. He describes the sick role as a process in which an individual experiences changes in his/her role, identity and family responsibility. It is a process whereby the illness is a form of deviance and is manifested by social withdrawal and dependency (Brinkerhoff *et, al* . 2008). To lend support to this view, Sarifino and Smith (2006) proposes that people who become sick find themselves in a special role and are therefore excluded from normal obligations and life activities. These activities include undertaking work or continuing in education. Jane's sick role is not influenced by her previous social activities, but it also has an effect on her diagnosis and the ability to perform them. Jane could not further her education or go to work and has been in the sick role since she experienced this illness. She experienced frequent seizures when she attended college and had to withdraw because she could not cope with the stress. She does not control her bowels during seizure and will urinate inappropriately. As a result of this, other students were alienating her and treating her like an outcast. She attends several hospital appointments within a month therefore, she is always in and out of the hospital.

Jane said she dreaded the hospital as this reminded her of institutionalisation where people have to conform to all rules of the hospital. Manning (2007) citing Goffman, reiterated that Institution is a place where time and space are all restricted and monitored which can lead to irrational behaviour of people who are held there. Jane wears hospital gown when admitted, gets up at 8am to take her medications and has to abide by the rules of the hospital. She was not allowed to go home until all necessary checks had been done.

Upset and anxious to be discharged, she demanded her medication and called for a taxi to take her home. However, she was encouraged by the doctor to do more blood tests before she left, of which she consented. Jane has been admitted once every week in hospital since she was diagnosed with this illness.

Furthermore, with poor adherence to medication, Jane sometimes forgets to take her drugs which affect her seizure and health very often. According to health psychology, this perspective focuses on beliefs and the prediction that positive result will be achieved to improve health (French *et al.*, 2010).

Therefore, medicine has regarded adherence to, or compliance with medical recommendations that taking the drugs will make you feel better. Thus, missing a dose would lead to dizziness and likelihood of having seizure. Jane has to take the medication in concordance with the doctor's prescription. She exclaimed that she cannot be bothered anymore and her reaction may be due to frustration.

Health belief model postulate that, an individual is likely to take action for preventing health related problems. A person would assess the threat of a health problem and examine the pros and cons of taking action. In addition, this has changed Jane's perspective of how she views health. Jane looks at health in a different perceptive due to her physical condition and circumstance. She considers her health to be normal due to the fact that, she is living with this condition for the rest of her life. However, because of her clinical uncertainty, physical and emotional role limitations, this has become less important than to cope with the impact of taking the medication and the psychosocial consequence of her situation (Baker *et al.*, 1997).

In view of the above, one of the greatest difficulties Jane faces is a considerable degree of real and perceived stigma. According to the sociologist Erving Goffman, stigma leaves a mark which is easily perceived and carries a moral judgement (Manning 2013). Jane does not socialise or go out alone, due to the severity of her seizures which is unpredictable. She said she has poor self-esteem and suffers from high level of anxiety and depression. She feels people are uncomfortable with her and prefers not to go out. She had seizure whilst she was cooking and sustained burns on her right hand. She underwent skin graft operation to replace her lost skin. Jane could no longer wear short sleeve clothing to go out, because of the large scars on her right arm due to the burn. She has not been able to go out on any social event for the past ten years. Her quality of life has been severely compromised by her condition in employment, self esteem, driving, having a stable relationship and social life (Baker 2002).

Jane had a major life crisis when she was diagnosed with epilepsy. suggest that life crisis may cause demoralisation and the person would become dependent on medical and social services. Further to this, Lawrence 2012 advances that, chronic illness causes changes in family life, roles, responsibility, self esteem and the self image of the person suffering the chronic illness. In Jane's narrative she had to give up work because she could not cope with the stress of illness. Sadly, she had to give up responsibility for her only son to social services because she could not continue to care for him due to her illness. Her illness was having an adverse effect on the boy. She felt guilty, angry and frustrated that the epilepsy has caused limitations in her life and has stolen normal family life from her. Jane is not able to

maintain close relationship with the opposite sex and had to separate from her long term partner because of her illness.

Epilepsy as a chronic illness causes a variety of psychological/psychiatric problems for the sufferer. Jane is constantly anxious about how people may react to her and about having an attack in public which she finds very embarrassing. She has been admitted into a mental health hospital when she started experiencing visual hallucinations and acute confusion. She has had several admissions in psychiatric wards due to depression caused by the effects of the epilepsy and has been sectioned under the Mental Health Act (1983). She has therefore become agitated in her behaviour and this has led to other family members keeping away from her and not paying her visits. Jane now lives alone in her flat and is currently being visited by carers/support workers who assist her undertake activities of daily living such eating and drinking, washing and dressing. They also support her do shopping and prompting to take her medications.

In conclusion, embarking on this essay has provided me with the opportunity to learn about the biomedical and bio psychosocial model of health and how they can be applied in the assessment of people with illness such as is the case of Jane. In as much as the biomedical model enables doctors to treat the patient for their illness without taking into account all other factors, the biopsychosocial model focuses on the holistic care of the patient. Therefore it has broadened my knowledge of how this develops doctor and patient relationship which is based on confidentiality in treating patients.

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