

# Study on the biomedical model and biopsychosocial model



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According to World Health Organization(WHO, 2003) health is defined as “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Every human being on earth desire for a good health. Good health assists us to gain better value of life. When the good health is affected, every patient who suffers from any kind of health disorder or illness are usually in a fragile condition of mind or curious. So the approach toward them by medical practitioners should be to explain their current situation and to help them.

There are few models of health created and used in hospitals or clinics in order to guide the medical practitioners in treating the patient. This includes biomedical model, social model and biopsychosocial model. Most commonly used in practice today are biomedical model and biopsychosocial model.

Before the development of biopsychosocial model, biomedical model used in practice. Biomedical model states that good health is the freedom from pain, defect or disease. It mainly focuses on physical factors that affects the health such as biochemistry, physiology and pathology of disease. It does not include social or psychological factors into account.

In 1977 George L. Engel questioned the dominance of the biomedical model via well known journal, Science. He also explained the need for a new model that was more holistic. He said that “ in order to provide a basis for understanding the determinants of disease and arriving at a rational treatments and patterns of healthcare, a medical model must also take into account the patient and the social context in which he lives”. So in the same year biopsychosocial model was theorized by L. Engel. According to

O'Sullivan & Schmitz (2007, p. 28), patient outcomes improved considerably when they are treated with consideration, educated on their condition and are shown respect by the therapist and staff of the hospital. When treated as such, rehabilitative goals set by therapists can be attained as patients have more confidence in themselves and in their therapist and are willing to go the extra mile to regain normal functional independence. This particular approach is known as the Biopsychosocial method.

Recently Borrell-Carrio, Suchman, and Epstein (2004, p. 576) said,

“ The biopsychosocial model is both a philosophy of clinical care and a practical

clinical guide. Philosophically, it is a way of understanding how suffering, disease and illness are affected by multiple levels of organization, from the societal to the molecular. At the practical level, it is a way of understanding the patient's subjective experience as an essential contributor to accurate diagnosis, health outcomes, and humane care”.

Biopsychosocial model which is a more complete conceptual framework emphasizes on biological, social and psychological factors, all play an important role in human functioning when the person is affected by any disease or illness. A. Fava(2008, pg 200) states that ” study of very disease must include the individual, his/her body and his /her surrounding environment as an essential components of the total health system.

During my first clinical placement, I had the opportunity to observe and note the implementation of the biopsychosocial model by the physiotherapist in <https://assignbuster.com/study-on-the-biomedical-model-and-biopsychosocial-model/>

the treatment of patients in a private hospital. Implementation of biopsychosocial model is clearly seen in a patient who is 23 years old, Mr K. When the patient first entered the centre Mr X, who is the physiotherapist responsible greet Mr K with smile on his face and introduce himself to the patient. According to the doctor's report, Mr K had minor operation due to his right anterior cruciate ligament(ACL) tear few weeks before.

Mr X begin his session by assessing the patient subjectively. Throughout the assessment Mr X asked the patient questions regarding his symptom and social life which leads to the symptom. At first, Mr K refused to respond to Mr x's questions. But after few minutes of conversation, Mr X managed to gain Mr K's respond. This is maybe because Mr X listen to the patient carefully and maintained eye contact with the patient which make the patient to trust him. Richard S Irwin (2006, page 573) states that good physiotherapy-patient communication includes " understanding"(18%) and " talks to me" (15%) were the most important characteristics, followed by " cares" (10%) , " listens" (8%) and " respect" (7%). Pekka Larivaara (2001, page 9) states that skilled physiotherapist convey warmth and attention by their forward posture, eye contact and expressive face, gesture and tone. At the end of subjective assessment, Mr X got to know that Mr K is a professional football player and he had lateral ankle ligament spran three years before.

Before begin the physical examination , Mr X politely asked the patient to lie on the examination table. After getting the patient's consent the physiotherapist palpated below the knee of the patient to check for any different symptoms such as swelling or redness around the calf muscle.

According to Petty (2004, page 340), informed consent is a paramount to <https://assignbuster.com/study-on-the-biomedical-model-and-biopsychosocial-model/>

ensure that the patient fully understand what is being carried out and that he has the right to refuse or accept the treatment given. Then physiotherapist measured the range of motion of flexion of the patient's affected knee. During the measurement, Mr X observed the patient's facial expression. He realized that the patient having difficulty in flexing his knee after certain level. He also noticed that the patient is depressed and down due to his recent condition which preventing him from carrying out his daily activities. So the physiotherapist motivated the patient and gave him moral support. he promised the patient that he would be back to his normal lifestyle within 6 months.

Before the physiotherapist begin his treatment , he explained about the treatment which going to be given to the patient. He also explained about the benefits and outcomes of the treatment. He positioned the patient in supine lying by place a pillow under his head and a towel under his thigh. This is to make sure that the patient is in comfortable position to receive the treatment. Petty (2004 , page 341) states that patient's comfort is paramount as it induces relaxation and enhances the adherence to the treatment. Patient's comfort during treatment session is a supreme importance to their believe in the medical professionals, treatment, and their capability to relax when they undergo treatment plus patient's choice of treatment positions should be respected. Physiotherapist also make sure that the height of the examination table is parallel to his waist level to ensure that he can easily reach the patient. Physiotherapist then applied cold pack and TENSE to the patient to relieve his pain. The treatment session took place for 15 minutes.

Later, Mr X teaches the patient on how to use the elbow crutches. At the beginning stages the patient find it difficult to walk with the crutches. But after the physiotherapist assist him for few hours, Mr K manage to walk with the crutches. According to O'Sullivan , the supportive use of hands can allay fears and instill confidence while ensuring safety. The key to success in using guided movement is to intersperse active practice with guided movement, providing only as much assistance as needed and removing assistance as soon as possible.

He came for treatment continuously for few weeks. Physiotherapist praised him upon his success in walking throughout the treatment period. According to Pekka Larivaara(2001) patient-centered physiotherapist acknowledges and appreciates the patient's effort to cope with his/her symptoms and problems.