

# Bio-medical discourse

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Discuss the strengths and limitations of social work practice within an organization, such as a hospital, that operates from a biomedical discourse (give an example)? The biomedical discourse is one of the most influential discourses in the healthcare profession today (Healy, p. 20). Biomedicine is a dominant and pervasive model in health care settings and there are strengths and limitations in working within this discourse.

One of the strengths of working within this model, it allows you to work within a multidisciplinary team with psychiatrists, doctors, nurses, and other medical staff and this opens up a whole new perspective for social workers. We get to see the medical side of things and how that affects the person. When a medical professional sees a patient they see the direct problem of that patient and their disease.

Using this model and all of our social work skills and approaches will give us a total picture of what is happening in that person's life by not only looking at the environment but putting other factors into place such as the biological aspect. We can help our clients navigate through the health care system and can clarify medical terms to help them feel at ease with their illness. The biomedical discourse has its limitations as well.

This model works under the belief that diseases are caused by specific biological agents or processes and fails to take a deeper look at the individual environment and living factors. It is our job as social workers to look at all of the other factors such as environment, family, culture, etc. of that individual, not just focusing on the person and modifying the person. I worked with a social worker on the cardiac rehab unit at the Glenrose

Hospital and she worked with a patient that had a heart attack and had bypass surgery and is now in rehab.

He was given medications to take after the surgery and most likely will be on for the rest of his life. The doctors tell the patient all about the medial procedure they just had, what current medications they are on and how to take them and what the side effects are, but never talk about all the other factors that come into play. The social worker has to now prepare not only the patient to return home but has to prepare the family as to how their environment will be changing in order to have a safe recovery for the patient.

As social workers it can be hard for us to ignore the environmental contributions in an individual's life. The social worker only had two visits with the patient and the family, the nutritionist had another two visits and the physician has on going visits with the patient for as long as needed. The physician was only concerned with the disease and diagnosis of the patient and modifying the person. Another limitation is the focus on medicalization. Not everyone is in need of medical attention and to be put on medication.

Our jobs as social workers are to recognize that people's environments really do affect them. Person can come into see their GP and tell them that they are depressed, the first thing they do is put them on med's for their depression. They don't look at what has been going on in that person's life, have they been through a major trauma, what changes have been happening. All they look at are the symptoms and the medications to go along side of them. This determines that the doctor is the expert and knows best.