

Biomedical and social models of health



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The bio-medical and social models of health offer different views of health and disease. Outline the main characteristics of each model and assess their strengths and weakness in explaining health and disease.”

Health can be viewed as the state of being fit and well, as well as a state of mental sanity (WHO 2005). According to Blaxter (2004), if a person can perform daily functions such as going to work, taking care of the household, etc he/she is healthy. Many studies have found that lay people define health as the absence of illness (Williams 1983, Calnan 1987, Hughner & Kleine 2004). However being healthy means different things to different people as much have been said and written about people’s varying concepts of health. Some lay perceptions are based on pragmatism where health is regarded as a relative phenomenon, experienced and evaluated according to what an individual finds reasonable to expect, given their age, medical condition and social status. For them being healthy, may just mean not having a health problem, which interferes with their everyday lives (Bury 2005).

Some taxonomies have evolved in attempt to define health. In this work, health has been considered from the perspective of biomedical and social models.

According to Baggott (2004) the biomedical model of health looks at individual physical functioning and describes bad health as the presence of disease and illness symptoms as a result of physical cause such as injury or infections and attempts to ignore social and psychological factors. Baggott (2004) states that the features of biomedical model rest mainly on biomedical changes, which can be defined, measured and isolated. In effect

this is directed towards the dysfunction of the organs and tissues of the body rather than the overall condition of the patient.

Biomedical treatments often involve the removal of the cause, for instance the virus or bacteria. The biomedical model is based on the belief that there is always a cure and the idea that illness is temporary, episodic and a physical condition.

The basic values of the biomedical model of health consist of the theory called doctrine of specific aetiology, which is the idea that all disease is caused by theoretically identifiable agents such as germs, bacteria or parasites (Naidoo & Wills 2004).

The advantage of biomedical model shows disease as representing a major public health problem facing our society. This model sees disease state as an issue that needs to be treated, and that disease can be readily diagnosed and quantified (Ewles & Simnett 2003 & 2010). This approach appears narrow, negative and reductionist. In an extreme case, it implies that people with disabilities are unhealthy and that health is only about the absence of morbidity. Further, this model is limited in its approach by its omission of a time dimension.

Modern biomedicine rests upon two major developments, both of which remain influential to this day. It is first important to consider the Cartesian revolution after the seventh century French philosophy Rene' Descarts. The Cartesian revolution encouraged the idea that the body and mind are independent or not closely related (NRC 1985). In this mechanistic view, the body is perceived to function like a machine with its various parts

individually treatable, and those that treat them considered engineers (Naidoo & Wills 2004). Biomedical also concentrates on the individual unlike the social model. Biological model adopts a negative perspective on health as it views health more in terms of the absence of disease than the possession of healthy attributes (Baggott 2004). This model stresses the importance of advancing technology both in the diagnosis and treatment of disease, an approach that has undoubtedly improved both the knowledge and understanding of numerous diseases. Biomedical model has led to the improvements in the treatment of patients, which has favoured gains both in the length and quality of life of people. Despite the aforementioned feats, the biomedical model has received considerable criticism, as many writers have argued that it was inappropriate to modern, complex health problems (Inglis 1981).

The medical model, in terms of specific health risks, does not encompass all of what health means to an individual. For instance, a physician speculating on what, based on current knowledge at the time, would be the composite picture of an individual with a low risk of developing coronary artery disease.

Further criticisms of this theory focused principally on the suggestion that it over simplified biological processes now known to be very intricate. For many diseases there are multiple and interacting causes. Moreover, such a theory looks only to the agent of disease, and ignores the host, and the possibilities of biological adaptation. The theory is much more easily applicable to acute conditions than to chronic ill-health and is difficult to apply to mental disorders.

The second theory of the biomedical model is called the assumption of generic disease. This is when each disease has its own distinguishing features that are universal, at least within the human species. These will be the same in different cultures and at different times, unless the disease-producing agent itself changes. Criticisms of this focus on the rather obvious point that diseases are differently defined in different cultures and that medical definitions of disease have clearly changed over time. Each new advance in knowledge of physiology and each new wave of technology have added new definitions of ill health to the accepted canon. Despite the doctrine of specific aetiology many conditions, which are still only symptoms or syndromes, are recognized within medicine as diseases. Generally, it can be seen that what is viewed as illness in any particular society and at any historical time depends on cultural norms and social values (Naidoo & Wills 2004).

Thus new diagnoses such as alcohol, post-traumatic stress disorder, chronic fatigue syndromes are born through an interaction of new knowledge about both their possible causes and how they might possibly be helped. As a definition of disease what doctors treat has obvious problems, however, it implies that no one can be ill until recognised as such and leaves the concept at the mercy of idiosyncratic individual medical decisions.

The third theory is the scientific biomedicine, which accepts the model of all ill-health as deviation from the normal especially the normal range of measurable biological variables. There is an association with the definition of health as equilibrium and disease as a disturbance of the body's function, with the purpose of medical technology the restoration to equilibrium. The <https://assignbuster.com/biomedical-and-social-models-of-health/>

immune or endocrine, or neuropsychological systems attempt to restore the normal and the purpose of medicine is to instigate or assist this process. But medical science now realizes that the human organism has no set pattern for structure and function, and it is often unclear where normal variation ends and abnormality begins.

The fourth theory of medical model is based on the principles of scientific neutrality. Medicine adopts not only the rational method of science but also its values - objectivity and neutrality on the part of the observer, and the view of the human organism as simply the product of biological processes over which the individuals themselves have little control. The reply to this is that the practice of medicine, whatever its theory, is always deeply embedded in the larger society. It cannot be neutral, for there are wider social, political and cultural forces dictating how it does its work and how the unhealthy are dealt with.

Biomedicine now admits multiple and interactive causes, and that the whole may be more than simply the sum of the parts. Social and psychological causes of ill health- stress, unhappiness, life events- are admitted as agents of disease or contributing factors, but they are not themselves defined as ill health. Modern medicine has moved on, to incorporate elaborate ideas about the various and interrelated causes of ill health. Studies of the way in which doctors make diagnoses demonstrate this, while at the same time lip service is paid to the importance of the social. Moreover, even when social and psychological influences are admitted this is still a very negatively oriented approach to health.

The social model came about in mid twentieth century when there was increasing dissatisfaction with the dominant model of health offered by biomedicine. The preoccupation with disease and illness made it less able to deal with any positive concept of health. The ideology, which viewed the individual in mechanistic ways justified ever-increasing use of medical technologies, precluding the exercise of other therapies and diminishing the importance attached to positive health or preventive medicine.

Since the last decade medical professional practice has become a major threat to health. Depression, infection, disability and other specific estrogenic disease now cause more suffering than all accidents from traffic or industry by transforming pain, illness and death from a personal challenge into a technical problem, medical practice expropriates the potential of people to deal with their human condition in an autonomous way and becomes the sources of a new kind of un-health. The emphasis on health as simply the absence of disease encouraged thinking about only two categories the health and the disease. As we are meant to believe that science can produce a utopia of disease free and lengthy life meaning scientists only look for their magic bullet. There is a feeling that the most angry critiques of the biomedical model was wilfully ignoring the contributions of modern science to human welfare. But claims to the unique truth of biomedicine were weakened by some loss of faith in scientific objectivity and a distrust of a Frankenstein technology that could run out of control, and this was part of the modern movement towards a new model usually called social health.

Social model of health imbibes social constructs and relativity in its approach to health. It tends to define and redefine health in a continuous manner, and views health differently between individuals, groups, times and cultures. Some supporters of Social model have written extensively about sickness having a role to play in various societies (Parsons 1951) as this helps to determine the structure of and functionality of the society.

The concept of social health incorporates many differences of emphasis though it has to be noted that it is more than simply the recognition that social factors such as poverty have to be included in a model of the causes of ill health. The social model is a different construction, locating biological processes within their social contexts and considering the person as a whole rather than a series of distinct bodily systems.

The social model is organic and holistic rather than reductionist mechanical method. A mechanical system acts according to its programming, its instructions, or natural laws.

The social model allows for mental as well as physical health and wider sphere of taking part in active life. This model also allows for more subtle discrimination of individuals who succeed in leading productive lives in spite of a physical impairment. Another disadvantage of this model is that the conception runs the risk of excessive breadth and of incorporating all of life. Thus they do not distinguish clearly between the state of being healthy the consequences of being healthy nor do they distinguish between health and the determinants of health (Ewles & Simnett 2010).

The medical profession is a social institution, which cannot be separated from the values, pressures and influences of the society in which it practices. As health has been defined in various ways, most part rests on the ideas of the normal and of seeing health as opposed to disease or illness. In practice, the definition of health has always been the territory of those who define its opposite: healers, or practitioners of medicine as a science or a body of practical knowledge. Since medicine is one of society's major systems, it is obvious that it is these definitions which will be institutionalised and embodied in law and administration, though the extent to which lay models adds to or diverge from this body of ideas is significant to the individual in respect of their perception of health.

Whilst the medical model built on the Cartesian theory of the body as a machine disorders can be corrected by repairing or replacing parts of the organism, holism describes the view that the whole cannot be explained simply by the sum of the parts, just as healthiness cannot be explained by a list of risk factors. Every disturbance in a system involves the whole system. Human beings are living networks formed by cognitive processes, values, and purposive intentions, not simply interacting components (Blaxter 2004). The development of this social model has been accompanied among the public, by a growing enthusiasm for alternative therapies, which tend to rest on holistic theories. Gradually, these too have been integrated to some extent into the mainstream model.

In order to have a comprehensive understanding of health, one has to look at the phenomenon from various premise of health definition, as just one aspect may not provide complete answer to the enquiry about our health at

a particular given time. It is therefore important to consider the various aspects of health when making judgement and decision about the health status of an individual.

In summary, the biomedical model of health is obviously most easily defined by the absence of disease, though the model is also compatible with more positive definitions in terms of equilibrium of normal functioning. In the social model health is a positive state of wholeness and well being associated with but not entirely explained by the absence of disease, illness or physical and mental impairment. The concepts of health and ill-health are unbalanced. The absence of disease may be part of health but health is more than the absence of disease.