

# Biomedical and biopsychosocial models of healthcare



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## Critical Evaluation on the Future of Healthcare: The Biomedical or the Biopsychosocial Model

### *The Biomedical Model*

This model has been in existence since the mid-19<sup>th</sup> century and was predominant for physicians in the diagnosis of diseases. It comprises of four elements. It argues that, that health constitutes the freedom of pain, disease or defect which implies the normal human is healthy. In this model, the focus on the physical processes such as biochemistry, physiology and pathology of a disease do not take into consideration the role played by individual subjectivity or social factors. Unlike the biopsychosocial model, the biomedical model fails to consider negotiation between a doctor and patient in determining diagnosis. The main focus in this model is purely biological factors. It excludes social influences, environment and the psychological ones. Western countries have adopted it as a leading modern way for which health professionals treat and diagnose conditions. Regardless of the limitations that this model expresses, it has been critical in the development of programs to control infectious diseases. In addition, it feeds more information to the biopsychosocial approach (White, 2009).

### *The Biopsychosocial Model*

This is an approach that states that psychological, social and biological factors all play a key role in the human functioning in relation to illness and disease. Health is thus understood by concentrating on biological, social and psychological factors rather than entirely focusing on biological terms. It contrasts to biomedical model. Biomedical model takes the position that <https://assignbuster.com/biomedical-and-biopsychosocial-models-of-healthcare/>

every disease process can be explained in accordance to deviations in normal functions such as injury, developmental abnormality in genes or virus (White, 2009).

This model is used in the fields of medicine, health sociology and psychology and nursing. The acceptance, novelty and prevalence of the biopsychosocial model demonstrates variation across cultures. The model has been developing over time and will only mature further with health psychology designs and research.

### *The Future of Healthcare*

The biopsychosocial model is at the heart of the future of healthcare. Specialization in healthcare has advanced to fields of health psychology, psychiatry, chiropractic, clinical psychology, family therapy and clinical social work. Majority of clinicians will engage the elements of biopsychosocial and biomedical models in the practices they engage in. However, it is arguable that all illnesses whether functional or organic can be managed best going by the biopsychosocial framework rather than the biomedical in practice. The two models seem to share the same goal which is improving the improvement of the patient's well-being. What differs is the scope on which the physician considers impairment including its origin and the possible remedies. The biopsychosocial framework expands the meaning of this goal and applies it in clinical processes. Illness is approached as the subjective sense of suffering by the patient. The goal of managing the disease thus needs to identify the specific exposures of the patient which are biological, social and psychological.

*Potential Disabilities of the Biomedical Model*

The biomedical model will lose its position in the future of healthcare as it assumes that social and psychological processes are irrelevant to the disease's process. The potential disabilities it exposes are massive. It mainly has three liabilities. First, the model is reductionist in nature. It reduces illness to lower level processes. These include chemical imbalances and disordered cells. It thus fails to recognize the general role of psychological and social determinants. Secondly, the model is a single-factor model. The explanation for illness is in terms of biological malfunctions rather than recognition of a variety of factors with only a few being biological in the causation of illness. The third liability is that the model assumes a mind-body dualism. It maintains that the body and mind are two separate entities. The final but not least liability is that the model puts more emphasis on illness over health. The focus is aberrations that cause illness instead of the conditions that would promote health.

*Advantages and Clinical Implications of the Biopsychosocial Model*

Medical care, illness and disease are interrelated processes. They involve interaction of changes both within the individual and other levels.

Researchers are thus impelled by this framework toward an interdisciplinary collaboration and thinking. The model maintains that the diagnosis process should consider the interacting roles of social, psychosocial and biological factors. This calls for interdisciplinary team approach in making a diagnosis.

Health psychology should adopt this model and involve all the three factors.

Therapy is thus uniquely targeted to a particular individual considering their <https://assignbuster.com/biomedical-and-biopsychosocial-models-of-healthcare/>

health's totality and ensuring treatment recommendations capable of dealing with more than one problem systematically. Therefore, a team approach is encouraged as the best approach.

The relationship between a doctor and a practitioner is emphasized by the biopsychosocial model. The efficacy of treatment, the rapidity of solving an illness and the patient's service usage can be improved by an effective practitioner-patient relationship. The biopsychosocial model makes the implication that the physician must have a clear understanding of the psychological and social factors that make contributions to an illness in order to come up with ample treatment (Kim, 2014). For a healthy individual, the model is of the opinion that their health habits can only be understood in social and psychosocial contexts. When an individual is ill, recovery can be influenced by psychological, biological and social factors. These factors may maintain poor health habits but when there is appropriate modifications, they facilitate healthy ones.

### *Biopsychosocial Perspectives*

#### *Psychosomatics, Behavior and Health*

Depression, social isolation, conscientiousness and chronic stress are all understood by medical colleagues and health psychologists alike in the impacting of the vulnerability and the protection of various diseases. There is a consistent correlation of clinical depression with pathogenesis and occurrence of cardiovascular diseases. In a study in 2009, Salomon examined the existing differences in reactivity of cardiovascular to and recovery from two lab stressors between healthy controls with no self-  
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reported history of CVD samples and naturalistic samples of clinically depression (Nezu, 2013).

With previous research demonstrating significant behavioral associations and psychosomatic among illness, health and disease, the BPS model should focus on bringing into play analytic complexity fighting individualistic.

Review of neuroplasticity, socio-somatic and psychosocial genomics will assist in balancing individualistic bias for health psychology, provision of sophisticated and adequate understanding of the cultural and social contours underlying illness and health thus fostering a greater integration among domains of bio-psycho-social.

### *Psychosocial Genomics and Neuroplasticity*

Advances in genetics and molecular biology have given way to the map out of human genome. There have been spectral and technological imaging advances such as allowing of examining complex neurological processes and functional magnetic resonance. These movements in science have resulted to empirical investigations, psychosocial genomics and neuroplasticity which thus offers important evidence in relation to the interdependence nature of socio-cultural, biological and psychological processes. Research on neuroplasticity goes further to justify the biopsychosocial framework. This is because, the study indicates that the brain neurons are more dynamic than had previously been considered. They develop novel synaptic connections in response to learning and experience across age and mainly the entire life (Kim, 2014).

Biopsychosocial further elaborates on the impact of social support. Within many studies, more satisfying social relationships or confidants result to an individual recovering more quickly from illnesses and diseases as compared to those with minimal social support.

### *Culture in the Biopsychosocial Model*

Culture evolves over the years. It carries with it vagueness and contention. Culture is informatory. It influences every founding block of the BPS model. Failure to demonstrate adequate to the key role of culture in health psychology and related medical fields would result to the discrimination in health service delivery. For a more holistic approach therefore in health psychology, culture should be considered seriously in attempts to integrate the BPS model.

### *Biopsychosocial Model Transformations and the Future: Health Psychology*

Health psychology's emergence together with behavioral medicine in primary care settings and general practitioners training on various health paradigms have resulted to an awareness for which patients now understand that the medical providers view them as a person and not merely by the disease.

For the past two decades, the research of health psychologists and the behavioral interventions have matured greatly together with high criticism. Patient quality of life and wellness has been observationally been improved by the humanistic view by the psychologists. To fully solidify the role of combinatory treatments and psychologists, it is necessary to conduct long-

term empirical studies. Doctors however question the motive of the alteration of medicine for the incorporation of behavioral interventions which tend to increase the workload of the physicians who are already strained. Research, vast knowledge on behavior education skills are applied by psychology practitioners should be used in the promotion of a medical care that is more hospital co-managed.

Health care and societal transformations constrain psychology from change. Psychology seeks to deliver expansion on the special skills of health and clinical psychology. Psychopharmacology is the latest intervention in the creation of a psychologist practitioner who is independent. Psychologists must look for and maintain an inter-professional collaboration with physicians in order to ensure prescription authority and psychology. The psychosocial aspects of medical problems are then addressed. Quality of treatment may be affected by poor relationships between physicians and psychologists.

Collaborations and partnerships in the management and diagnosis of all health will be observed in the decades to come. Training programs in health psychology will increase in terms of quantity. There will be specialization for students who have interest in the practice of research, clinical and education settings (Kim, 2014). The policy makers and the professionals such as teachers require training and education on the biopsychosocial model. The impact of this on healthcare would be the reduction of health costs, improved occupational control, promotion of self-empowerment, provocation of behavioral change and an increment in adherence to plans of treatment.



Integrated healthcare will eventually address the complete spectrum of the mind and the human body as one and the same.

*A Holistic Approach in the Application of the Biopsychosocial model in the future of Health Psychology*

The biomedical model of disease and health is dominant in the existing medical practices. The approach is effective mainly in the control of infectious maladies. Chronic non-infectious diseases require the BPS approach. The approach takes into account other health determinants. That thus takes the BPS model a step further into the better approach than the biomedical model.

However, a more holistic approach in the biopsychosocial approach is one that integrates culture into the focus of biological, psychological and biological aspects. Taking culture into the picture for the future will result to a more holistic approach.

The future health research programs and intervention strategies should endure at considering all the domains and that will be a holistic approach. The BPS model will keep on maturing with time. To this regard therefore, there should be an examination of the effectiveness of cultural, social, biological and physiological claims. It should be conducted in clinical practice exploring the health concepts from perspectives and questioning perspectives could influence the current and future trends in health interventions and health promotion.

*Conclusion*

The future of health care lies more on the biopsychosocial approach more than the biomedical one. However, as demonstrated in the research and advancements in the health psychology, there are still aspects of the BPS model that could be involved in the future. One of them could be an increased collaboration and participation amongst psychologists and physicians. They should collaborate to ensure that wellbeing is attained by effective application of the model. The aspect of culture should also be included in the framework to ensure that the health services are acceptable in various communities. Clinical implications are at the heart of the improvement of the biopsychosocial approach. Health psychology and biomedical research will act as key building blocks in the future role of the model.

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