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HAS MEDICINE'S CONCEPTUALISATION OF HEALTH EVOLVED OVER THE LAST TWO DECADES?

The traditional biomedical paradigm has its roots in the Cartesian division between mind and body, and considers disease primarily as a failure within the *soma*, resulting from injury, infection, inheritance and the like. Although this model has been extraordinarily productive for medicine, its reductionistic character prevents it from adequately accounting for all relevant medical aspects of health and illness. One of the most criticised consequences of adopting the biomedical model is a partial definition of the concept of health. In his classic papers, Engel warned of a crisis in the biomedical paradigm and conceptualised a new model which regards social and psychological aspects as giving a better understanding of the illness process. In recent years, the so-called biopsychosocial model has found broad acceptance in some academic and institutional domains, such as health education, health psychology, public health or preventive medicine, and even in public opinion. It is now generally accepted that illness and health are the result of an interaction between biological, psychological and social factors.

The object of this study, by a researcher based at the University of Almería in Spain, was to assess whether there had been a change, reflecting a shift towards a biopsychosocial health concept, among medical researchers in the last two decades.

The concepts of 'health' or 'healthy status' as reported in empirical articles published in the journal *The Lancet* over the years 1978-1982 (period *a*) and 1996-2000 (period *b*) were searched by means of Medline and compared for their definition of these variables. Search parameters comprised either the word 'health' or 'healthy' appearing in the fields abstract or title. The resulting reports were then carefully checked for their operational definition of 'health' as a major variable or 'healthy' as a condition to take part in the studies. Possibilities were that the definition:

- was present or absent;
- was direct, explicit and clear or, on the contrary, negative or indirectly suggested;
- included parameters other than medical and/or physical (namely psychiatric, psychological, behavioural or social).

The author found that none of the 52 examined papers set out a positive and replicable definition of 'health' (7) or 'healthy status' (45). No difference was found between the two periods studied except for the failure of reports to describe 'healthy status' at all (65.5% in *a*, 19% in *b*). Most articles do it in an indirect way, namely through exclusion conditions of subjects taking part in treatment or control groups. Only three studies include psychological dimensions in their measures of 'healthy status' (two in *a*, one in *b*). Concerning 'health', all seven examined papers include psychological or both psychological and social dimensions.

The author concludes,

"Although a change towards a more holistic concept of health has occurred in academic and institutional contexts over the last few decades, there does not appear to have been a parallel change in the practical domains of medicine. For the medical practitioner, the difficulties attached to the change from a biomedical to a biopsychosocial model of health can be well understood. First, this change necessarily implies taking into account a much wider spectrum of the factors influencing health and the healing process, which in turn demands greater knowledge and time investment. Second, the new paradigm implies a new style of the patient-doctor relationship, a style which enables, among other things, the doctor's attention to the patient's psychosocial circumstances, in order to better manage his or her situation, and not only his or her illness. Undoubtedly, this

kind of interaction requires a greater effort from practitioners, but also from the health care systems, which should provide the necessary context and resources for it, such as communication skills training, adequate settings, or enough personnelDespite these hindrances, which will probably continue to relegate the biopsychosocial model to a secondary place in medical practice, the broadening of the doctor's perspective to encompass psychological and social aspects would be really beneficial for the patient, since as Engel [24] lucidly pointed out, even though both patient and doctor may culturally adhere to the biomedical model, the patient's needs and ultimate criteria are always psychosocial."

Reference:

Alonso Y. The biopsychosocial model in medical research: the evolution of the health concept over the last two decades. *Patient Education and Counseling* 2004; 53:239-244.