



Biopsychosocial Model: Three Aspects of Healing, How Can We Salvage the Model?

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Introduction

A biopsychosocial model is a treatment approach that considers inter-disciplinary or multi-disciplinary approaches in treating various diseases. Systematically considers biological, psychological, and social factors [1] however biopsychosocial model gives room for the complex interaction of these three factors in understanding health, illness, and healthcare delivery, the systematic consideration of psychological and social factors defines social sciences while the systematic consideration of biological factor define natural sciences, therefore, both social sciences and natural sciences are cornerstones in disease and illness management [2] and the model prove that psychological and social factors are not merely epiphenomena they can be comprehended well in a scientific way at their standard as well as regarding their biological correlates and being useful in the treatment of different illness and diseases [3].

The extent of utilization of the biopsychosocial model

Most of the study highlights that the biopsychosocial model is not given considerable importance in daily healthcare routines, particularly during the medical history process [4]. However, doctors and health care providers are usually concerned with a biomedical model in daily routine, and its dominantly used in our settings it assumes a mechanical metaphor in treatment, a doctor as a mechanical engineer who only fixes a car; patients are only given drugs and discharged without considering other aspects of diseases and making this process remains doctor centered and paternalist. Furthermore, the patients are more concerned with their improvement in health rather than whether or not they are being provided informational care about other aspects apart from the biological point of view, and this lead to poor utilization of the biopsychosocial model in our settings [4].



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Challenges of implementation of the biopsychosocial model in healthcare settings

The application of the model involves an understanding of a patient's psychological, biological, and social aspects, which requires considerable effort and quality time. Physicians are occupied with many tasks, such as clinical, administrative, and research tasks [5]. Hence, there is insufficient time for healthcare professionals to communicate, explore, and manage psychosocial factors during a typical consultation as well as attend to other duties [6].

Cost is another challenge to the application of the biopsychosocial model, which considers the amount (medication), amount of interaction between the patient and the provider, medication, visits, and travel, as most patients tend to lack enough money or have inadequate health insurance to enable coverage of such services [7,6]. Furthermore, most healthcare spending systems/payment schemes are oriented to emphasize the diagnosis and management of the biomedical aspects of the patient, while psychosocial aspects are not considered [5].

Furthermore, the lack of funds from the government or organizations to compensate healthcare professionals for their time and qualifications in exploring psychosocial aspects, as well as the fear of private clinics losing income if the model is considered in their healthcare settings, pose challenges to its use in clinical settings [6].

Better competence among healthcare professionals is needed to apply the biopsychosocial model; however, this is not the result of real-world situations [6]. Competency includes the acquisition of knowledge through experience and practice [7]. The difficulty in applying the biopsychosocial model holistically stems from healthcare workers' inability to manage psychosocial factors and connect them to biological factors, primarily owing to the limited training in communication, psychosocial, psychological, and addressing patients' emotions provided in undergraduate and postgraduate programs [6].

Clinical guidelines are usually created uniform in practical procedures and hence fail to take into account patients' contextual, specific characteristics (psychosocial characteristics) and expectations more than ever they fail to take into account the professional's knowledge, experience, and resource constraints such as time, geographical location, and funding, this, as a result, creates difficulty in the application of the model in clinical settings [6].

Variation in culture plays a role in the application of the biopsychosocial model; most of the psychosocial instruments developed are in English, and the need for tools in the native language is of great importance. Although English is considered a second language, there is a need for self-reported instruments to be translated to avoid cultural bias [8].

Salvaging the model

To salvage the biopsychosocial model, it is important to continue to emphasize the interconnectedness of these three aspects of health. This means that healthcare providers should be trained to consider not just physical symptoms, but also psychological and social factors when diagnosing and treating patients.

For example, if a patient presents with chronic pain, a healthcare provider using the biopsychosocial model might consider not just medication or physical therapy, but also psychological interventions such as cognitive-behavioral therapy to address

any underlying anxiety or depression that may be exacerbating the pain. Additionally, they may consider social interventions such as support groups or connecting the patient with community resources to address any social factors that may be contributing to the pain.

Another important aspect of salvaging the biopsychosocial model is to recognize and address the societal factors that can impact health. For example, access to healthcare, income inequality, and systemic racism can all impact an individual's health and well-being. Addressing these issues requires not just individual-level interventions, but also systemic changes that address the root causes of these problems

Recommendation

More sequential studies will have to be conducted to determine whether this biopsychosocial model is workable in our healthcare system and how far it significantly affects patient care and compliance [4]. Furthermore balancing the doctors-to-patients ratio to allow enough time for better usage of the model. The creation of delivery machinery that will foster health delivery to exist outside of the biomedical approach and even our clinical procedure and standard guideline there is need to be re framed again and ensure the consideration of other factors in the treatment approach this must go hand in hand with the training program for healthcare providers on the necessity of biopsychosocial model as the treatment approach. Lastly but not least, more studies should be done to incorporate remote consultation with the application of this model to fast enhance familiarization between clinicians and their clients.

Conclusion

Overall, the biopsychosocial model offers a more comprehensive and holistic approach to understanding health and illness than traditional biomedical models. By continuing to emphasize the interconnectedness of biological, psychological, and social factors, and addressing the societal factors that impact health, we can salvage and improve upon this model to better serve the health needs of individuals and communities.

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