

Quality of Life: A Bridge Between the Biomedical and Illness Models of Medicine and Nursing?

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One of the ultimate goals of medicine is improvement in the patient's quality of life. This is particularly the case for patients with a limited life span. Palliative or hospice care developed as a discipline because the needs of the dying patient and his or her family were not being met by the health care system. Conflicts between nurses and physicians often arise over the care of patients with incurable malignancies and other terminal illnesses. These conflicts frequently centre around physicians' apparent insensitivity to quality of life issues. Conflicts over the care of patients with terminal illnesses originate, at least in part, from the different theories or models of practice characteristic of the professions of nursing and medicine.

BIOMEDICAL AND ILLNESS MODELS

Models provide a way of organizing information to enhance structure and meaning. They provide discipline for practice and a framework for teaching. Models reflect the culture and milieu of the times and incorporate implicit values (1). Clinical practice is greatly influenced by, and reflects, the models inherent in the profession. Theories influence professional effectiveness and performance as well as influencing relationships — within the profession, with other professionals, and ultimately with patients (2).

Traditional Western medicine is based on the biomedical or disease model. The biomedical model was devised by medical scientists and applies scientific methods to the understanding, treatment, and prevention of diseases (3). It is reductionist in nature and embraces a mind-body dualism. The reductionism of classical science seeks to understand the whole by reducing things to their smallest units. The biomedical model assumes that all deviations from the norm are the result of measurable abnormal structures or biochemical deviations. Outcomes of therapies are measured in terms of changes in measurable tests, response rates, and survival. Both the reductionism and the mind-body dualism of the biomedical or disease model have been fundamental to the great strides made in the understanding, categorizing, and treatment of disease. Problems arise when this model is used in clinical practice to the exclusion of humanistic considerations.

The biomedical model leaves little or no room for the psychological, social, behavioral, and spiritual

dimensions of illness. Subjective, nonmeasurable, experiential information is considered irrelevant. There is skepticism among physicians as to whether psychological and social factors are as "real" as biologic ones (4). In their attempt to objectify illness, physicians remove themselves from the world of their patients and do not acknowledge the fullness of the human context in which the illness occurs (5). Symptoms are seen as manifestations of syndromes and diseases, not as obstacles to a person's comfort and social functioning. Medical expertise is seen as the ability to investigate, diagnose, prolong life, and cure (6). Such a perspective can lead to the uncritical application of invasive procedures or therapies. Technology is a powerful tool, one that can be difficult to reject. Therapies themselves can be a source of suffering. Diagnosis and treatment of disease and improved quality of life are not logically related in the biomedical model, and the biomedical model has become the culturally accepted medical view of disease.

Nursing has been strongly influenced by the biomedical model, but it rejects the reductionism and mind-body dualism of the full version of this model (1). Although there are many models of nursing, two basic assumptions underlie the practice: (a) that professional nursing is interpersonal in nature, and (b) that nurses view human beings as holistic (7). Different nursing theories emphasize different aspects of care, such as manipulating the environment to ensure optimal independence and health for the patient, promoting the patient's adaptive responses, and enhancing interpersonal relationships and social supports (8). Nursing assessment looks at physical symptoms and disabilities as well as psychological, social, emotional, and spiritual concerns. Attention is focused on the person who is ill. Illness as a concept refers to the experiences of the patient and the difficulties faced by the patient (9). If one model could encompass the essence of nursing, perhaps it would be called the "illness" model.

EDUCATION

The medical education system perpetuates the biomedical model as the cultural norm. For example, first-year medical students at the University of Manitoba study the basic sciences almost exclusively (Table 1), with only 46 hours devoted to behavioral medicine and 14 hours to interviewing and history taking. Theoretical and practical management of the major clinical manifestations of dis-

New Of Knowledge The 1992 Health Medicine

Naomi C. Broering



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National Library of Medicine Current Catalog National Library of Medicine (U.S.),1993 Encyclopedia of Medical Anthropology Carol R. Ember,Melvin Ember,2003-12-31 Medical practitioners and the ordinary citizen are becoming more aware that we need to understand cultural variation in medical belief and practice The more we know how health and disease are managed in different cultures the more we can recognize what is culture bound in our own medical belief and practice The Encyclopedia of Medical Anthropology is unique because it is the first reference work to describe the cultural practices relevant to health in the world s cultures and to provide an overview of important topics in medical anthropology No other single reference work comes close to marching the depth and breadth of information on the varying cultural background of health and illness around the world More than 100 experts anthropologists and other social scientists have contributed their firsthand experience of medical cultures from around the world **Medical Power and Social Knowledge** Bryan S Turner,1995-08-22 The fully revised edition of this successful textbook provides a comprehensive introduction to medical sociology and an assessment of its significance for social theory and the social sciences It includes a completely revised chapter on mental health and new chapters on the sociology of the body and on the relationship between health and risk in contemporary societies Bryan S Turner considers the ways in which different social theorists have interpreted the experience of health and disease and the social relations and power structures involved in medical practice He examines health as an aspect of social action and looks at the subject of health at three levels the individual the social and the societal Among the perspectives analyzed are Parsons view of the sick role and the patient s relation to society Foucault s critique of medical models of madness and sexuality Marxist and feminist debates on the relation of health and medicine to capitalism and patriarchy and Beck s contribution to the sociological understanding of environmental pollution and hazard in the politics of health **Knowledge and Decisions in Health Telematics** Pedro Barahona,J. P. Christensen,1994 Why and How Will Knowledge Based Systems Become an Established Technology within Health Care Signal and Image Processing Applications Future Prospects in ECG Signal Interpretation Industrial Perspectives for Research and Development in Knowledge Processing and Decision Support Legal Issues Incurred from KBS Use Legal Issues in Cognition Knowledge Processing and Decision Making Techniques in the Health Sector Human Intelligence and Computer Intelligence Cooperation Between Human Brain and Computer Part 3 The EPISTOL Reports Munich Workshop The Role of Knowledge Based Systems in Clinical Practice How Will KBS Techniques Be Incorporated into Commercial Products Trends in Knowledge Based Research that Will Enable its Use in Routine Applications Distributed Knowledge Based Systems and Telematics in a Changing Health Care Environment Brussels Seminar The Brussels Seminar Appendices Munich Workshop Participants and Contributors Brussels Seminar Participants and Contributors Author Index The Visible Woman Paula A. Treichler,Lisa Cartwright,Constance Penley,1998-04 Introduction paradoxes of visibility Paula A Treichler Lisa Cartwright and Constance

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National Library of Medicine Programs and Services National Library of Medicine (U.S.), *Western medicine as contested knowledge* Andrew Cunningham, Bridie Andrews, 2017-03-01 Medicine has always

been a significant tool of an empire This book focuses on the issue of the contestation of knowledge and examines the non Western responses to Western medicine The decolonised states wanted Western medicine to be established with Western money which was resisted by the WHO The attribution of an African origin to AIDS is related to how Western scientists view the disease as epidemic and sexually threatening Veterinary science when applied to domestic stock opens up fresh areas of conflict which can profoundly influence human health Pastoral herd management was the enemy of land enclosure and efficient land use in the eyes of the colonisers While the native Indians of the United States were marginal participants in the delivery or shaping of health care the Navajo passively resisted Western medicine by never giving up their own religion medicine The book discusses the involvement of the Rockefeller Foundation in eradicating the yellow fever in Brazil and hookworm in Mexico The imposition of Western medicine in British India picked up with plague outbreaks and enforced vaccination The plurality of Indian medicine is addressed with respect to the non literate folk medicine of Rajasthan in north west India The Japanese have been resistant to the adoption of the transplant practices of modern scientific medicine Rumours about the way the British were dealing with plague in Hong Kong and Cape Town are discussed Thailand had accepted Western medicine but suffered the effects of severe drug resistance to the WHO treatment of choice in malaria

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Medical Library Association Oral History Committee Interview with Naomi Broering Naomi C. Broering, 2006

International Encyclopedia of Public Health William C Cockerham, 2016-10-06 International Encyclopedia of Public Health Second Edition Seven Volume Set is an authoritative and comprehensive guide to the major issues challenges methods and approaches of global public health Taking a multidisciplinary approach this new edition combines complementary scientific fields of inquiry linking biomedical research with the social and life sciences to address the three major themes of public health research disease health processes and disciplines This book helps readers solve real world problems in global and local health through a multidisciplinary and comprehensive approach Covering all dimensions of the field from the details of specific diseases to the organization of social insurance agencies the articles included cover the fundamental research areas of health promotion economics and epidemiology as well as specific diseases such as cancer cardiovascular diseases diabetes and reproductive health Additional articles on the history of public health global issues research priorities and health and human rights make this work an indispensable resource for students health researchers and practitioners alike Provides the most comprehensive high level internationally focused reference work available on public health Presents an invaluable resource for both researchers familiar with the field and non experts requiring easy to find relevant global information and a greater understanding of the wider issues Contains interdisciplinary coverage across all aspects of public health Incorporates biomedical and health social science issues and perspectives Includes an international focus with contributions from global domain experts providing a complete picture of public health issues **Public Health Reports**, 1994

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