# The biomedical model of illness
*A detailed description and analysis*

## The biomedical model of illness

### Axioms
- Sickness only arises from disease (bodily abnormality)
- Symptoms (altered sensations or function) only arise from disease
- Body and mind are separate systems
- All symptoms compatible with a disease identified are caused by that disease

### Concepts and words
- **Sickness**: socially validated state of being unwell
- **Disease**: damage/abnormaility of body organ or structure
- **Symptoms**: altered or changed sensations or functions

### Strength and success
- Arose from and facilitated systematic investigation of sickness
- Lead to identification of most diseases and disease-modifying treatments

### Quality as a theory
- It is **testable**, and it **fails** many tests - see *weaknesses*
- It is **coherent** and logically consistent.
- It is **economical** but this leads to failures
- It is **not broadly applicable**, not explaining e.g. mental health problems
- It is **not explanatory**, failing to explain all observations; there are contradictory findings.

### Weaknesses
- Sickness arises **without** bodily alteration. E.g. depression, functional conditions
- Many changes in sensation or function are **not** due to disease.
- Body and mind are **not** separate systems

### Harms now arising
- **Patient**: risks of over-investigation and ineffective treatment
- **Patient**: stigma and ostracisation as lack of disease devaues the sickness
- **Patient**: failure to identify and alleviate psychosocial factors
- **Healthcare**: all management, records etc based on disease, failing to incorporate vital psychsocial information and influences
- **Healthcare**: focus on the disease, not the person. Not patient-centred.
- **Healthcare**: resources used relate to more than the disease, and are not accounted for.
- **Society**: politiical decisions, priorities etc overlook vital common factors affecting health and well-being

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