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Models of Disease

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Models of Disease

Major developments on the real definition of health have raised questions on whether medical models to disease are sufficient in addressing health matters. People, including physicians, have viewed health as a concept that addresses physical wellbeing, while others have emphasized the need to incorporate social and wellbeing in defining health. Successfully, there has been great embracement of social approaches to disease, with medical practitioners agreeing to incorporate risk factors such as environmental conditions into their practice. However, pre-categorization of what risk factors are when carrying out research has dismissed the chance to critically analyze risk factors resulting from deep social distortions (Lupton, 1993). Understanding medical models and their failure to embrace sociological approaches to health will help inform a better way of working with the two approaches in improving health.

Medical Model of Disease

Medical model of disease has been the major approach used by physicians as it forms the grounds of their medical practice. In theory, medical model views disease as an abnormality identified through critical observations and differentiation informed by standard medical standards such as laboratory tests (Zola, 1972). Diagnosis of disease in the medical model is based on detecting certain physiological and biological symptoms that imply a certain disease. A disease in the medical model implies a fault in the patient's body; thus, the diagnosis is given in terms of structural and functional failures of the body and not any other factors. Consequently, the treatment in medical models excludes factors outside the psychological factors, thus basing treatment on the defined guidelines. Treatment mostly takes the form of surgeries and prescriptions to restore the faulty factors of the body.

The medical model has highly contributed to informing the treatment of most diseases due to the ability to focus on the cause and effect of a disease. Notably, the cause and effect aspect of medical models of disease has opened up research to help inform the treatment of various diseases. In light of these researches, medical models of disease have proved to be insufficient in addressing the ever-rising diseases and medical conditions. Researchers found the need to incorporate medical models with sociological approaches to make medical practice more effective.

Medical Models Limitations to Sociological Approaches

Prevalence of medical models of disease has challenged the incorporation and thriving of sociological approaches from definition and failure to recognize the real impact of sociological approaches imply. Additionally, medical models have always depended on biological factors like genes together with environmental factors for instance bacteria to explain the origins of disease. Rising disease concerns have forced physicians to raise awareness of the risk factors that lead to diseases, encouraging individuals to control such factors (Lupton, 1993). The epidemiologists have relatively defined risk indicating that those exposed to a risk factor are more likely to develop illnesses while at low-risk places are less likely to get ill. As a result, raising awareness on the risk factors has created fear and anxiety as people strive to avoid high-risk factors and those who cannot run away from the risks are left helpless. Medical models limit sociological approach by failing to recognize that creating awareness on risk factors does not necessarily mean people will avoid engagement with the risk factors (Lupton, 1993). Besides, medical models fail to recognize that risk factors such as bad diets; pollution is proximal causes of disease, while social factors exist as distal causes and should be given the required consideration. After creating awareness, medical models should not stop there. Still, they should further

consider the relation of the risk factors with social settings to acknowledge what sociological approaches can assist.

Medical models are based on defining the cause and effect of disease and offering treatment as defined by given procedures. Based on this fact, medical models have proved to have a solution to every medical and non-medical disease, acting as a means of social control (Zola, 1972). Medicalization of every social aspect of life has blinded the physicians on the real sociological issues. In the recent medical world, human aspects such as aging, alcoholism can be treated as medical concerns. While such approaches may be viewed as millennial ways of addressing diseases, the notion that medicine has a solution for everything is limiting sociological approaches to health issues (Zola, 1972). For instance, an individual can purchase some medicine to help them sleep better, but the medicalization approach will not critically examine why they are not getting good sleep. Medicalization is a concept that draws from the medical models of disease capabilities to identify the cause and offer treatment. Thus, many people are using medicalization as a means to suppress the real issues in society. By working in a reverse manner such that after one is declared a bad leader, physicians' go-ahead to blame the bad decisions on health, medical models ignore the personal interests that could have driven such a leader to make bad decisions. Normally, physicians assume that medicalization offers solutions to social problems through therapy, but what happens if a mentally distressed person is going through therapy but is still sleeping outside? Therefore, medicalization should not be allowed to act as a social control to give a chance for real social interventions to health.

Sociological Approaches to Health

In the light of the limitations of medical models to sociological approaches, it is crucial to close the gaps using relevant sociological approaches. The first approach encourages physicians

to look into the social origins of risk factors through conceptualizing risk factors (BruceG & PHELAN, 1995). Physicians are advised to explore why people end up being exposed to risk factors and dwell on the social conditions of the individual related to the disease in question. For instance, creating awareness on the risk factors of HIV/AIDS gives guidelines on how to reduce exposure, but such information may not be relevant for all. People who struggle with basic needs may turn to prostitution as a means of income; hence no matter how much information they are given; life circumstances cannot avoid risk factors. In another approach, if the government of a country does not emphasize safety measures on handling food, it may be beyond individuals' control to access good nutrition. Conceptualizing risk factors allows an understanding that there are powerful social and economic factors that must be addressed before risk factors awareness can be effective.

Addressing fundamental causes of disease is another sociological approach that builds from social conditions of risk factors. Fundamental social causes of disease recognize that resources are a great determinant of how people avoid risk factors. Resources are a key factor in explaining different risk factors; thus, fundamental causes of disease are connected to many risk factor mechanisms (BruceG & PHELAN, 1995). For this reason, policy intervention should be more focused on fundamental causes of disease as it will address the impact of many diseases than emphasizing one disease.

Conclusively, medical models cannot function alone in addressing health matters; hence sociological approaches should be well incorporated. Consequently, providing information on risk factors is not enough to curb diseases; social factors contributing to the risks should be addressed.

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