Is it time to incorporate the biopsychosocial model into medical practice: A call for action for medical practitioners across specialties

Sir,

Kleinman and colleagues said, "Modern physicians diagnose and treat diseases (abnormalities in the structure and function of body organs and systems), whereas patients suffer illnesses (experiences of disvalued changes in states of being and social function)."[1] Indeed, much of the practice of medicine is centered around the disease's biology. Medical professionals are still preoccupied with the biomedical model, where the diseases are considered independently from the patients themselves, with most of the focus on observable molecular, pathological, and clinical markers of the disease.[2]

This reminds me of a highly cherished learning from my teacher, "Our role as clinicians is not to treat the disease, but to treat the person with that disease."

To acknowledge the role of psychological and social aspects, George Engel proposed the biopsychosocial model (BPSM) in his landmark paper "The need for a new medical model: A challenge for biomedicine."[3] He suggested that in managing a disease, the sufferer, his body, and his social role—all have to be given importance. The general empirical hypothesis of the existence of BPSM has now been confirmed with years of research in the field of BPSM.[4]

Engel opined that the model applies to the broader field of medicine, not just psychiatry. Its relevance has now indeed been established for cardiovascular, pulmonary, gastrointestinal, neurological, and musculoskeletal disorders, along with certain malignancies, general feelings of ill health, premature mortality, wound healing, and fatigue after traumatic brain injury.[5,6]

In addition to their role in pathogenesis, psychosocial aspects also influence the treatment process. The outcomes of various surgeries are shown to be influenced by psychosocial factors.[5] Universal factors like access to treatment, participation in the treatment, associated pain, psychological complications, and quality of life are unequivocally associated with every disease,[5] which further highlights the importance of this model for medical illnesses.

BPSM has also helped in structuring different guidelines for clinical practice. It has found utility in the widely accepted international classification of functioning, disability, and health proposed by the World Health Organization, along with various other measures of case complexity.[7]

It is now evident that the clinical utility of BPSM is immense. However, the existence of a particular entity in science is established by the amount of research done on it. BPSM has made significant strides in terms of research, evident in the increasing number of publications related to it.[7] Even beyond research, the incorporation of BPSM in medical training at both undergraduate and postgraduate levels has yielded encouraging results, which benefit both doctors and their patients.[8]

However, BPSM too is not free from limitations. Its scientific and philosophical basis, universal applicability, and potential for abuse and harm have been thoroughly criticized.[5,7,9] Financial and time-related constraints, along with a lack of clear guidelines and standards have also been proposed as hindrances to the application of BPSM in clinical practice.[2]

To overcome a few of these limitations, various modifications have been suggested. A recent one called the holistic BPSM identifies four levels of patient description, including pathology, social participation, impairment, and disability.[10] Similarly, the four contextual domains described include personal, social, temporal, and physical contexts. Among the described levels and domains, only the disability and physical context are directly visible to the outside world,[10] meaning that the rest remain invisible unless intently looked for.

Smith proposed the use of a "specific" BPSM, which was centered around the practice of a patient-centered interview, to get biopsychosocially oriented information from each patient.[11] This can overcome the limitation of critiques' stand of the model being too vague.

Recently, the use of digital health technology has been proposed as a mode of incorporating BPSM into clinical practice,[12] which is worthy of study in future research.

BPSM-based standardized management protocols for individual disorders will make research easier, positive results of which will encourage clinicians to incorporate the model into their practice, which will ultimately benefit the patients, their caregivers, and physicians.

It is time that BPSM's use extends beyond the field of mental health and spreads to the other specialties of medicine. The mental health fraternity can take up the responsibility of being the flagbearers for this promising model, as BPSM is still alive, and going strong!

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Harkishan G. Mamtani
Department of Psychiatry, G Kumar Arogyadham, Nagpur, Maharashtra, India

Address for correspondence:
Dr. Harkishan G. Mamtani,
Consultant Psychiatrist, G Kumar Arogyadham, Jaripatka, Nagpur - 440 014, Maharashtra, India.
E-mail: harkishanmamtani@gmail.com

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References

1. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. Ann Intern Med 1978;88:251-8.
2. Kusnanto H, Agustian D, Hilmanto D. Biopsychosocial model of illnesses in primary care: A hermeneutic literature review. J Family Med Prim Care 2018;7:497-500.
3. Engel GL. The need for a new medical model: A challenge for biomedicine. Science 1977;196:129-36.
4. Bolton D. A revitalized biopsychosocial model: Core theory, research paradigms, and clinical implications. Psychol Med 2023;1-8. doi: 10.1017/S0033291723002660.
5. Bolton D, Gillett PG. The biopsychosocial model 40 years On. The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments. Cham (CH): Palgrave Pivot; 2019. Available from: https://www.ncbi.nlm.nih.gov/books/NBK552030/.
6. Saxena A, Paredes-Echeverri S, Michaelis R, Popkirov S, Perez DL. Using the biopsychosocial model to guide patient-centered neurological treatments. Semin Neurol 2022;42:80-7.
7. Wade DT, Halligan PW. The biopsychosocial model of illness: A model whose time has come. Clin Rehabil 2017;31:995-1004.
8. Adler RH. Engel's biopsychosocial model is still relevant today. J Psychosom Res 2009;67:607-11.
9. Roberts A. The biopsychosocial model: Its use and abuse. Med Health Care Philos 2023;26:167-84.
10. Wade D. Rehabilitation – A new approach. Part two: The underlying theories. Clin Rehabil 2015;29:1145-54.
11. Smith RC. Making the biopsychosocial model more scientific—its general and specific models. Soc Sci Med 2021;272:113568. doi: 10.1016/j.socscimed.2020.113568.
12. Chen LH, Law W, Chang DHF, Sun D. Editorial: The bio-psycho-social approach to understanding mental disorders. Front Psychol 2023;14:1225433. doi: 10.3389/fpsyg.2023.1225433.

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