Editorial

Are we Ready to Deal the Challenge of Shifting from Biomedical Model?

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The curriculum in most of the medical institutions in Pakistan is based on biomedical model of disease therefore emphasizing on biological causes underlying all diseases. It explains all diseases in biological terms and exclude or ignore those symptoms that cannot be explained in biological basis. This is a reductionist and exclusionary approach leading to a mind-body dichotomy that ignores the impact of mind on body[1]. Thus no or minimal consideration is given to behavioral and psychosocial aspects of any disease; that in many cases may lead to unacknowledged morbidity and mortality of patients. Mere availability of a drug or vaccine is not enough to cure or prevent a disease unless the patient is motivated to take the medicine or parents are convinced to bring the child for vaccination. Health seeking behavior of patients or caregivers is not just driven by presence of biological symptoms or distress cause by an illness but also depend upon a number of psychosocial factors. To address the gap between body and mind George Engle[1] in 1977 proposed the bio-psycho-social model of disease that stressed on delivery of patient-centered care by interdisciplinary teams having expertise in mental health. The implementation of this model requires teaching of soft skills to health care professionals. These include different aspects of doctor-patient relationship, communication skills and the understanding of the impact of psychosocial issues on patients' illness. Adoption of this model is strongly desired as it will help in abandoning the mind-body dichotomy disseminated by the biomedical model that is not only influencing our training programs but also much of our solo professional practice and even some of our research.

Considering the impact on body-mind interaction, the bio-psycho-social model of patient care has been adopted globally. To keep up with global standards PMDC has also included this approach in its undergraduate curriculum. This initiative will help in training the next generation of medical professionals for interprofessional practice and will also ensure that our future scientists would function effectively in interdisciplinary science teams. The need for this integration become more important in background of huge burden of mental health problem in Pakistan due to terrorism, security problem, unemployment, financial restrain and break of social fabric[2]. Despite PMDC initiative the implementation of this approach at institutional level is just ceremonial[3]. The reasons are multifactorial. Shortage of faculty to teach these skills due to the decreased inclination among doctors to join psychiatry as specialty and increase trend of migration of trained mental health faculty to developed countries for better opportunities[4]. Second, underestimation of population needs, as so far no national survey addressing morbidity of mental health has been conducted[3,5]. Third, low priority to mental health at institutional and national level, only 0.4% of total health expenditure is allocated to mental health[6]. Moreover there is no appropriate implementation of mental health policy[7]. Fourth, lack of government determination to develop mental health services and its non-consultative attitude towards private and voluntary sectors. Government is relatively indifference towards international donor agencies, working for mental health, except the W.H.O. All these hurdles pose a real challenge for the proper implementation of bio-psycho-social approach which is considered a holistic approach.

To address the challenge of shift from biomedical model to the bio-psycho-social model there is a dire need to take several steps if teaching of psychiatry and behavioral sciences is to be incorporate in undergraduate curriculum. First, we need implementation of integrated curriculum that should incorporate behavioral science and psychiatry with other subjects which will foster deep contextual learning. Second, development of structured teaching programs for behavioral science and psychiatry according to local needs and in line with internationally available modules. Third, to inculcate interest among students, these subjects should be included in summative examination of students. Fourth, strategies should be designed to develop research culture especially in the areas of need assessment of psychosocial issues. Fifth, to retain mental health professionals in the country it is suggested to create better incentives for them. Sixth, attempts should be made to convince and motivate the government for allocation of need based and realistic budget for mental health. Seventh, efforts should be made to integrate psychiatry and behavioral science in curriculum of other disciplines to enhance their competency for teaching, training and treatment of common mental illnesses like depression and anxiety and

appropriate referrals of complex and serious mental illnesses. Eight, the campaign should be launched for reducing poverty, bringing social justice and harmony in society and de-stigmatization of mental health problems.

Adoption of bio-psycho-social is the need of the time. To deal the challenge of shift from biomedical modelto bio-psycho-social model, the psychiatry and behavioral sciences should be accepted as an important discipline and be given due recognition even at undergraduate level.

REFERENCES

1. Engel GL. The need for a new medical model: a challenge for biomedicine. Science 1977; 196 (4286):129-36.
2. Javed A. Pakistan becoming 'psychological pressure cooker', say psychiatrists. The Express Tribune Pakistan March 28, 2012;[Cited on 8.11.15]. Available at http://tribune.com.pk/story/356397/pakistan-becoming-psychological-pressure-cooker-say-psychiatrists/
3. Gadit AM Psychiatry in Pakistan: 1947-2006: A new balance sheet. JPMA 2007;57(9):453-63.
4. Khan MM. The NHS International Fellowship Scheme in Psychiatry: robbing the poor to pay the rich? Psychiatr Bull 2004;28:435-7.
5. Gadit AM. Mental Health Research in Pakistan and the developing world. Editorial. J Coll Physicians Surg Pak. 2006;16:169-170.
6. World Health Organization: Mental Health Atlas 2005. Department of Mental Health & Substance Abuse WHO, Geneva, Switzerland: 2 [Cited on 5.1.16]. Available at http://www.who.int/mental_health/evidence/atlas/global_results.pdf
7. Irfan M. Implementation of mental health policy in Pakistan: a dream in search of reality? J Postgrad Med Inst 2010; 24: 83-4.

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