

The bio-psycho-social medical model

- An integrative concept

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The historical course of the development of psychiatry in theoretical-conceptual and clinical-practical terms highlights the creation and adjustment of certain conceptual models in the argumentation and foundation of the modalities of psychiatric care. One can thus observe that, starting from the traditional medical model and the classical psychiatric hospital new theoretical concepts were later implemented, which has led to the transformation of the configuration of care units. Chronologically, the medical models that have influenced the forms and modalities of psychiatric care highlight the parallelism between the concept and the concrete organisational functioning: the traditional medical model; the bio-psycho-social medical model; the neurological clinical model; the social model; the non-medical counselling model.



Like in any other medical area, in psychiatry there is the possibility of adopting certain theoretical concepts referring to the mental disease. Theoretical concepts generally form the foundation of nosological classification systems which, in their turn, are the functional and pragmatic expression of a concept. The clinical application of a certain classification system leads to psychopathological and psycho-behavioural evaluation by the assessment of the deviation from social normality. Therefore, a classification system establishes both nosological categories and diagnostic criteria of inclusion and exclusion.

The psychiatric context and the ethical-medical connotations with social implications are a strong argument for the periodical re-evaluation of international classification systems for psychiatric disorders, illustrated by the tens of revisions of the OMS International Classification of Diseases and the successive editions of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association: DSM-I (1952), DSM-II (1968), DSM-III (1980), DSM-III-R (1987), DSM-IV (1994) and DSM-IV-TR (2000). The tendency towards a dimensional and/or categorical, multi-axial-scientific evaluation of the psychiatric diagnosis, towards avoiding neglect, over evaluation or under evaluation of a psychopathological condition is thus likely to contribute to escaping the social, legal and ethical traps of psychiatric diagnose. Formulating a psychiatric diagnose is a decision that relies on biological and psychological data as well as on social values. Any criticism that can be attracted by the criteria of diagnostic standardisation only refers to the factual dimension of the diagnostic decision, escaping the dimension of the judgment of value.

The integration of psychiatry into the traditional medical model, which results from the prevalent approach of the psychiatric disease by means of somatic parameters, originally contributed to the delineation of its status as a medical branch. On the other hand, the underestimation of psychological implications, which favours a depart from social responsibilities, has generated a risk of confidence of society in medicine. The foundation of the bio-psycho-social medical model stems from another confidence issue, this time experienced by medical specialists.

In its clinical and theoretical implications, the bio-psycho-social concept in psychiatry goes further than the bio-medical model by its inter-disciplinary relationship and it represents a reaction to the reductionism of antipsychiatry. The integration and the application of this complex model can be useful in solving the excessive division of psychiatry, and by extrapolation, of medicine as a whole. The scientific methodological, heuristic and pragmatic premises for the solution of the confidence crisis of medicine are thus created by outlining a human and social context favourable to the development and introduction of modern technologies in medicine without impairing the doctor-patient relationship.

The modern bio-psycho-social medical concept and the modern concept of medical ethics are defined and perfected in the concept of quality of life, which refers to the ability and freedom of a person to reach the standards of a normal life, functioning normally.

The quality of life in the area of mental health is included in the general concept of health which does not only mean the absence of illness and infirmity, but also a complete state of well-being: physical, mental, social and existential. In psychiatry, the concept of quality of life extends to the holistic meaning of health, which includes physical, mental, social, material, productive or emotional well-being in the ethical dimensions of the right to equal care and respect for human dignity. In correlation with the OMS conception on the structure of the quality of life, physical health, psychological functioning, the level of independence, social and relational integration are equally pursued.

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