

Critical Analysis of Various Models of Health in the Context of Smoking

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Commentary

Despite the fact that the prevalence of smoking is continuously decreasing, there are still around 1 in 5 people who smoke [1]. In United Kingdom alone, approximately 114,000 smokers die per year due to the diseases caused by smoking. Smoking can become the most common preventable reason for developing many diseases for example, lung cancer, chronic heart diseases, bladder cancer and many more [2].

Health, wellness and illness are the wider concepts to understand, a very well-known definition of health which has been proposed by World Health Organization, WHO in 1948 is that being healthy does not only mean that the person is not suffering from any disease or illness but it also means that a person should be completely mentally, physically and socially fit [3]. However, according to a study by [4], this definition has been strongly criticized because of the deficiency of its operational and practical approach by using the word 'complete' who means that the person is only healthy if having complete physical, mental and social wellbeing.

Illness is patient's personal thoughts about feeling unhealthy for example experiencing symptoms of disease such as pain or aches, which can be helpful in diagnosing the disease [5]. A person can sometimes feel ill without the presence of disease [6]. Wellness can be described as an active process of adopting the positive approach and awareness towards a prosperous life by having the ability to make healthy choices [7].

The biomedical model of health focuses more on the treatment of a certain physical disease while only seeing the biological factors rather than preventing it at an initial stage by taking into consideration the mental and social aspects of health. According to this model, the body is viewed as a machine, which can be repaired by treatment when malfunctioning [8]. The biomedical model of health plays an important role when it comes to diagnosing and treating the disease [9]. In case of smoking, a smoker may report symptoms of lung cancer to the doctor, and this model can be very useful when diagnosing and treating the cancer by doing some tests and x-ray. However, the model approaches the patient in a very narrow way as it does not consider the emotional, social, cultural and spiritual aspects of the disease. It treats the patient as a machine not a unique individual with certain needs [10]. As this model emphasizes more on treatment rather than prevention, the person may smoke without knowing the consequences of smoking, and will approach the doctor only when showing symptoms of ill health.

On the other hand, the bio-psychosocial model is better when addressing the individual needs, as it uses a holistic approach. It treats the smoker not only as a patient while seeing the biological aspects only but also consider the additional factors behind the reason for smoking such as, environmental, cultural, psychological and spiritual. Moreover, it also looks at the social influences as a reason for smoking for example an individual may smoke because of a specific class, culture, beliefs and status. Another reason for start or stop smoking can be peer or society pressure. When considering the psychological factors, a person might start smoking because of depression and stress [11]. However, according to [12], bio-psychosocial model is an addition to the biomedical model and not the substitute. Also, despite the fact that bio-psychosocial

model considers biological and humanistic factors, this model is unable to solve the challenges of treatment as it cannot maintain a balance between these aspects.

Last of all, the health belief model is based on individual's own perspective towards smoking. The components of the health belief model include having the awareness about the risks and consequences caused by smoking for example lung cancer, knowing the benefits and effectiveness of quitting smoking that is preventing oneself from developing a disease. Acknowledging the barriers towards quitting smoking, taking approaches to activate 'readiness' for example receiving reminders from health professionals, family and friends to quit smoking, and at the end having the confidence to quit smoking by taking initiative action [13]. At present, health belief model is the most common theory used in the prevention of disease, health education and health promotion [14]. The prevalence of smoking in Australia has reduced over the past 40 years, that is in 1960, approximately 1 in 3 physicians smoked and in 1990 these rates have been dropped down to 1 in 10 [15]. This indicates the importance of health belief model by following its components; perceived susceptibility, perceived severity and perceived benefits as physicians were having the knowledge about the consequences of smoking and also the benefits of quitting it, therefore their rates of smoking have been decreased. There are many limitations to this model, as it may inform the process of decision making to accept a suggested action such as smoking as it does not consider the usual behaviour. Furthermore, this model also presumes that every individual has the same amount of information about disease or sickness. It ignores the economic and environmental aspects that are related to smoking [16].

Looking to the above mentioned points, it has been proved that smoking is a public health issue which is affecting the life of so many people by increasing their risk to develop many health issues, lung cancer is the most common disease caused by smoking. When diagnosing and treating this disease, biomedical model has its own importance as the health professionals provides the patient the best possible health care in order to repair the damaged in the body caused from illness. However, it treats the patient considering only the disease ignoring the fact that every patient has specific needs and thus should be treated differently. Whereas, in my view bio-psychosocial model is better than the biomedical model as it takes into account not only the biological factors but also the other factors including social, environmental, spiritual and cultural. It deals with the problem using the holistic approach which is

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very beneficial in the prevention of disease. Health belief model helps to promote positive approaches and behaviour when tackling with smoking.

References

1. Public Health England (2015) Health matters: Smoking and quitting in England.
2. Firth L (2010) Smoking and health. Cambridge: Independence.
3. World Health Organisation, WHO (2006) Constitution of the world health organization.
4. Jadad AR, Grady OL (2008) How should health be defined? BMJ 337; a2900.
5. Naidoo J, Wills J (2016) Foundations for health promotion. (4th edtn) Elsevier.
6. Boyd KM (2000) Disease, illness, sickness, health, healing and wholeness: Exploring some elusive concepts. Med Humanit 26: 9-17.
7. National Wellness Institute (2016) The six dimensions of wellness.
8. Scriven A, Ewles L, Simnett I, Parish R (2010) Promoting health: A practical guide (6th edn). Edinburgh: Bailliere Tindall Elsevier.
9. Germov J (2009) Imagining health problems as social issues.
10. Kasule OH (2007) 0704-A critique of the biomedical model of medical practice.
11. Ogden J (2012) Health psychology: A textbook. England: McGraw-hill Education.
12. Greaves D (2002) Reflections on a new medical cosmology. J Med Ethics 28: 81-85.
13. Mdquit.org (2016) Health belief model.
14. Jones & Bartlett (2010) Health belief model.
15. Greenhalgh EM, Bayly M, Winstanley (2015) Prevalence of smoking among health professionals.
16. LaMorte WW (2016) Limitations of health belief model.