



Editorial

45 years of the holistic model in medicine

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In 1977, the American psychiatrist, George Libman Engel, published his article *"The need for a new medical model: a challenge for biomedicine,"* in the journal *Science*. This date is conventionally accepted as the beginning of the holistic model in medicine (Engel, 1977).

Previously, the *biomedical model* had been in force for centuries, and remained the dominant paradigm in medicine until the end of the 1980s (Rocca and Anjum, 2020).

The biomedical model of health focused exclusively on biological factors, without taking into account psychological, environmental and social factors. Among the advantages of this model is the belief in the effectiveness of medicine. The emergence of the Renaissance idea of the duality of body and soul gave rise to the rapid development of medical sciences. However, the attention of medicine was still directed exclusively toward the somatic sphere. Health was understood as the absence of disturbances in the biological functioning of the body – and it was assumed that every disease has its biological cause. According to this approach, the human body was considered a "machine", and the illness a fault in this "machine". The role of the doctor was to properly diagnose and eliminate the fault. Hence another name for this model was the mechanistic model. As competent and educated professionals, doctors made a diagnosis based on their knowledge and experience, and then decided on the treatment. Other medical personnel, mainly nurses, only played an auxiliary role, and the patient was only a passive recipient of their activities (Ostrzyżek and Marcinkowski, 2012).

Since ancient times, many important authorities from the world of science and medicine, including Aristotle, Plato and Avicenna, had proposed a broader perspective, but it was still a long time before the change took place. Here, it is also worth mentioning the precursor of modern nursing, Florence Nightingale, who at the end of the nineteenth century, introduced an environmental model of nursing, paying attention to the impact of the environment on the patient's health, thus going beyond the framework of the biomedical model.

Among the important events which contributed to the paradigm shift in medicine that took place in the mid-twentieth

century, was the emergence of the sociology of medicine and the theory of multi-cause disease, as well as the adoption of the definition of health by the World Health Organization on April 7, 1948. This defined health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 2005). For the first time, the definition included the three dimensions of health: physical, mental and social (Farre and Rapley, 2017).

All these events to a large extent brought the new approach closer but it wasn't until G. L. Engels' publication at the end of the 20th century they began to be put into practice. In his publication, Engel questioned the historically dominant biomedical model, pointed out its limitations, and suggested the implementation of a new medical model – which he called the "biopsychosocial model" (BPS). This model took into account the psycho-social dimension of man, rather than only the biological sphere as before (Farre and Rapley, 2017; Smith et al., 2013). In other words, Engel proposed broadening the biomedical approach to include psychosocial, but without rejecting the former; so that "patients are still cared for from the point of view of the disease, but in addition, psychological and social information have an equal position in the treatment process". For this reason, this approach is also described as holistic (Farre and Rapley, 2017; Smith et al., 2013).

The new model primarily had an impact on the way patients were diagnosed and treated, but it also contributed to changes in the organization of work with the patient. Patient care was taken over by a team of professionals, known as "a therapeutic team". In addition to the doctors these teams also importantly included representatives of other medical professions. The patient, as a fully-fledged member of this team, has an important voice, making the final decisions and giving consent to the proposed therapy.

The rank and competence of medical professions other than doctor increased, and the rights of the patient and "informed consent" for treatment appeared. Medicine gained a new area – prevention, because in addition to treatment, there was a focus on prevention and activities aimed at strengthening health (Taylor and Field, 2003).

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The holistic model has found both supporters and opponents, but crucially it has brought a new quality to medicine that is particularly important from the patient's perspective.

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