

Gendering of Bio Psychosocial Model and General Practice

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Discussion

Physicians tend to make diagnosis and treatments from an exclusively biological perspective. That is, we analyze the health problems based on biological phenomena only, not involving in our analysis the social and psychological aspects. It is what we know as a biomedical model [1]. In 1977 Engel proposes a paradigm capable of scientifically including the human domain in the experience of the disease. In this model, it is recognized that all diseases have biological, psychological and social components [2-4]. The essential points of this bio psychosocial (BPS) model are [5]:

- There is no objective observer
- The causality of all phenomena is multiple and non-linear
- The concept of uncertainty and integrality: It is not possible to fragment a phenomenon for its study, and they must always be taken as totalities
- Context must always be taken into account

On the other hand, gender-the notion of sexual difference that is psychically and socially constructed rather than naturally determined-imprints its characteristics on the concepts of health and health care. The term gender is used, from a wide spectrum of cultural, psychoanalytical, geographical, political, sociological, literary, artistic studies, etc., to define culturally determined masculinity and femininity [6].

When we talk about the health/disease process, the concept of gender allows us to see how sexual difference affects health. Gender shapes the theoretical frameworks through which we see the facts. The dominant biomedical vision gives preference to the objective over the subjective; these two components of scientific knowledge have often been gendering, the first is the rational and masculine component, the second is the emotional and feminine component. Gender issues have had a broad impact on our understanding of health and disease in recent years, and this concept has been analyzed in various health policy and systems contexts, and from the point of view of access to services, governance, health financing and human resources for health [7]. But, on the other hand, while the concept of the BPS model has been subject to different types of analysis [8,9]. However, the BPS model has not been subject to an analysis from the point of view of gender.

The BPS model emphasizes the experiential and the phenomenological, the qualitative, the narratives, the cases, the context, the particular, the psychosocial, the emotional, the integral [10]. The BPS model of health care, in addition to including psychosocial factors, includes the determinants of gender, considering

methods that change attitudes of vulnerability. The BPS model is enriched for this, with a certain degree of inclusion of subjectivity and a high degree of gender understanding [2,11]. Thus, the BPS model includes the concept of gender medicine, which is a field of research that seeks to put health and disease in a social context, and points out the influences of social structures and power relations for health status, including the fact that the experience of living with a disease means that social norms about masculinity and femininity affect the experience of symptoms.

The BPS model includes, at least, the following gender strategies in health care:

- Focus on the patient
- Significant doctor-patient relationship: From subject to subject
- Non-biased and differential biomedical care by sex: Differential morbidity and needs, reflection on theoretical, technological-biomedical, subjective biases and gender biases
- Attention to psychosocial determinants: Identifying the social and psychosocial determinants of gender
- Subjective methods: Listening to the subject, locating biographical facts and/or significant life events, and deciphering the subjective positions [12].

In this context, general medicine is the academic discipline where the BPS model is applied most naturally. In this way, the attitudes of students and doctors towards this discipline are an indicator of attitudes towards the BPS model. Existing studies indicate that women exhibit higher scores in this field of knowledge [13]. So, it can be said that general medicine and the BPS model are theoretical frameworks of female gender [14-16].

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