Exploring the Shared Principles of Serious Illness and Primary Care

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The Biopsychosocial Model

The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry

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ABSTRACT

The biopsychosocial model is both a philosophy of clinical care and a practical clinical guide. Philosophically, it is a way of understanding how suffering, disease, and illness are affected by multiple levels of organization, from the societal to the molecular. At the practical level, it is a way of understanding the patient's subjective experience as an essential contributor to accurate diagnosis, health outcomes, and humane care. In this article, we defend the biopsychosocial model as a necessary contribution to the scientific clinical method, while suggesting 3 clarifications: (1) the relationship between mental and physical aspects of health is complex—subjective experience depends on but is not reducible to laws of physiology; (2) models of circular causality must be tempered by linear approximations when considering treatment options; and (3) promoting a more participatory clinician-patient relationship is in keeping with current Western cultural tendencies, but may not be universally accepted. We propose a biopsychosocial-oriented clinical practice whose pillars include (1) self-awareness; (2) active cultivation of trust; (3) an emotional style characterized by empathic curiosity; (4) self-calibration as a way to reduce bias; (5) educating the emotions to assist with diagnosis and forming therapeutic relationships; (6) using informed intuition; and (7) communicating clinical evidence to foster dialogue, not just the mechanical application of protocol. In conclusion, the value of the biopsychosocial model has not been in the discovery of new scientific laws, as the term "new paradigm" would suggest, but rather in guiding parsimonious application of medical knowledge to the needs of each patient.

Ann Fam Med 2004;2:576-582. DOI: 10.1370/afm.245.

Pillars of BPS clinical practice:

- Self awareness
- Active cultivation of trust
- An emotional style characterized by empathic curiosity
- Self-calibration as a way to reduce bias
- Educating the emotions to assist with diagnosis and forming therapeutic relationships
- Using informed intuition
- Communicating clinical evidence to foster dialogue

Part of our Family Medicine DNA

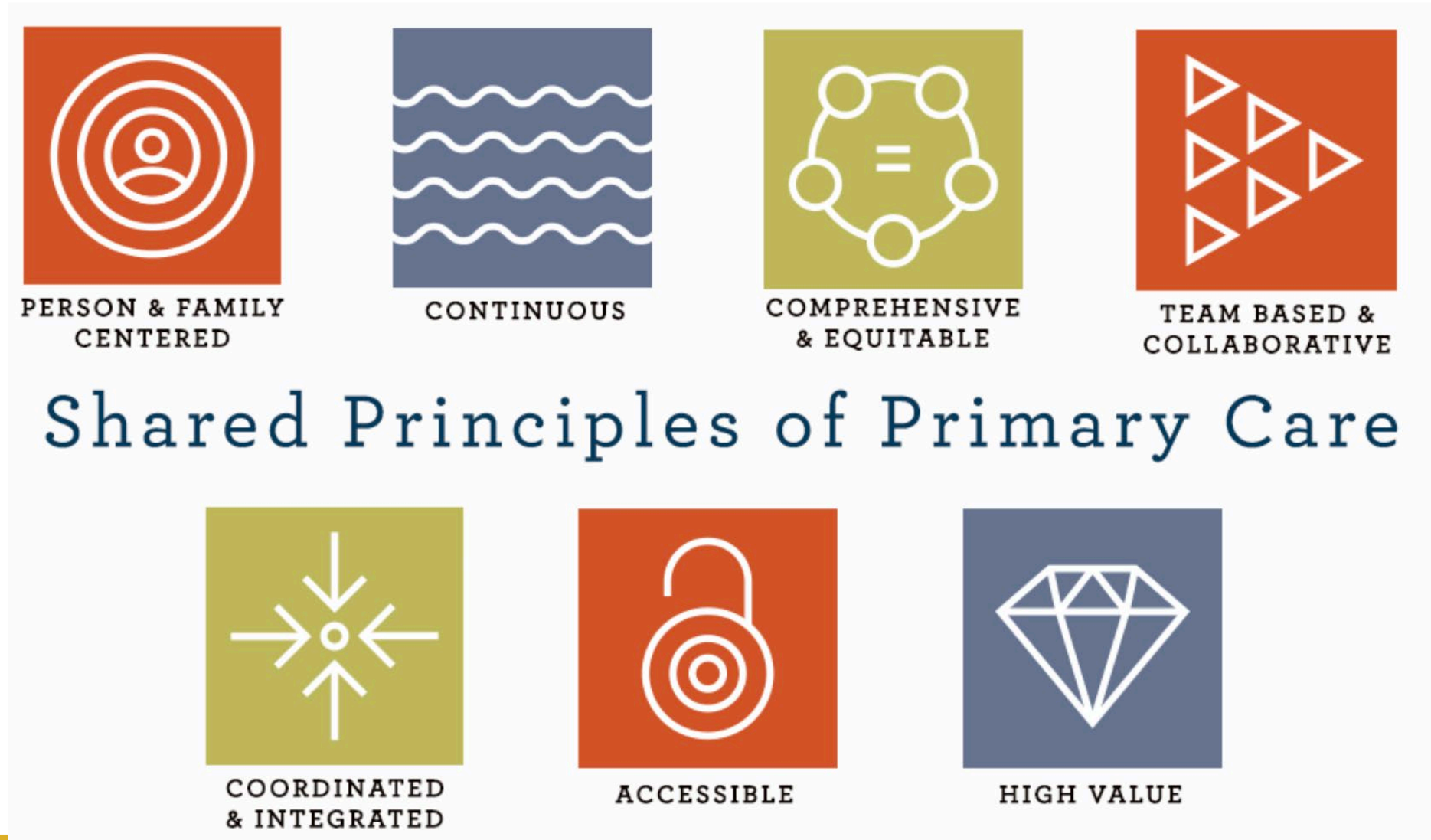
- "I believe that family doctors will always be generalist-trained, relationship-centered, and community-oriented. We are generalists not by virtue of what we do or know, but in the way we ask questions and construct solutions in response to the suffering of those who sit before us. We trust the looping arc of conversation, one that leads to a deeper understanding and sense of belonging. We know the value of patience, reassurance, and gentle guidance, of talk when impatient action would soothe only the doctor's insecurities."

Loxterkamp, D., 2019. Whither family medicine? Our past, future, and enduring scope of practice. *Family medicine*, *51*(7), pp.555-558.

Part of our Family Medicine DNA

- "What could be of greater comfort and safety to patients and their families than to have a trustworthy physician as counselor and advocate during the vicissitudes of a critical illness, chronic progressive disability and dying? That and a loving family are the best protections that I could wish for myself or anyone who wants to avoid the horror of dying."

Stephens, G.G., 1990. 'Why Can't We Avoid the Horror of Dying' *Family practice in the 1980s: a second decade of essays*. Society of Teachers of Family Medicine Foundation, p. 122.



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An Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT
Pay for primary care teams to care for people, not doctors to deliver services.

2 ACCESS
Ensure that high-quality primary care is available to every individual and family in every community.

3 WORKFORCE
Train primary care teams where people live and work.

4 DIGITAL HEALTH
Design information technology that serves the patient, family, and interprofessional care team.

5 ACCOUNTABILITY
Ensure that high-quality primary care is implemented in the United States.

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Primary Care can be a Bridge to Palliative Care

- Is an opportunity for collaborative, optimal care with Palliative Care
- Some patients are blocked from getting to the bridge, some get to the bridge too late
- Many primary care clinicians welcome the opportunity to accompany their patients during the difficult journey

May 26, 2021

Dr. Jaen,
El Dr. Van Dusen murio el día 26 de Marzo.

I wanted to thank you for your kindness. The way you cared for my dad was respectful and full of genuine caring. You appealed to his intelligence. You encouraged his autonomy and right for self-determination in a way I admire both on a personal and professional level. I will for ever be thankful that you were a part of his life.
You were the only person he shaved for! I know he missed your style of care, and I wish you'd been the one providing that care to the end.
Thank you for all you did for him.

Cristin Van Dusen