The "new" medical model, fragmented clinical care and philosophy of medicine

Jonathan Fuller, in a recent *CMAJ* article,[1] examines the transition from an "old" biomedical model to a "new" one, as well as the challenges that have emerged with the new model. Indeed, one of the more pressing challenges that he identifies is the fragmentation of clinical care. And, this fragmentation is exacerbated by the fact that patients often follow Hickam's dictum — or what might be called multimorbidity. As Fuller contends, philosophers of medicine can certainly contribute to resolving challenges like fragmentation of care.

How then can philosophers of medicine contribute to addressing the challenges confronting the new medical model? In terms of fragmentation of care, especially for patients with multimorbidity, they can identify the metaphysical assumptions behind medicine, as Fuller does with reductionism, and propose alternatives. For example, an alternative to reductionism is holism. However, what is needed is a robust and strong notion of holism.[2] A robust notion includes the biological, and also the psychological and social dimensions of the patient's illness, as proposed by George Engel[3] four decades ago with a biopsychosocial model.

Indeed, as Francis Peabody[4] stressed almost a century ago, the clinician must view the patient as an "impressionistic painting" that includes not only the patient's biology, but also other features that make the patient unique as a person, to provide effective care.

Fuller closes by appealing for wisdom to address the challenges facing contemporary medicine. Philosophy of medicine — as the discipline that seeks wisdom — should be at the forefront of this appeal, providing clarity and direction to confront the challenges facing the new medical model. However,the issue emerges as to how best to include philosophy's voice in addressing these challenges.

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References

1. Fuller J. The new medical model: a renewed challenge for biomedicine. *CMAJ* 2017;189:E640-1.
2. Marcum JA. Multimorbidity, P4 medicine and holism. *J Eval Clin Pract* 2017;23:213-5.
3. Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;1946:129-36.
4. Peabody FW. The care of the patient. *JAMA* 1927; 88:877-82.

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