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## Understanding the Biomedical - Behavioural Continuum

Patients referred to internal medicine physicians are often unusual in their clinical presentation or have multiple clinical problems and co-morbidities. The complexity requires that the physician have a strong understanding of both pathophysiology and the behavioural sciences. The further challenge is knowing how to balance both of these disciplines when managing difficult clinical presentations. In the current issue of the *Canadian Journal of General Internal Medicine* there are three articles that highlight this dilemma.

In the Goldberg and the Marlin articles, we are presented with the risks of over medicalizing patient symptoms with the subsequent peril of not helping the patient to recover and eventually regaining function and quality of life. It is critical for the clinician to recognize that invoking a biomedical model as the foundation for a patient's presentation (e.g., symptoms, illness, disability) is not always appropriate nor beneficial. Rather in some circumstances, after acknowledging the patient's suffering and loss, the physician needs to adopt or integrate a behavioural model of illness in order to develop the optimal management strategy and to facilitate patient recovery.

In the Andrew and Powell article we are advised of the importance of not ignoring the biomedical contributions to what might appear to be a failure of the patient's social support environment. The determinants of the "social admission" are multifactorial and clearly involve many aspects of the patient's environment, from family and friends, to institutions and societal policies. But often the tipping point for failure includes an important contribution arising from a biomedical problem, which studies have suggested are commonly overlooked.

With the Goldberg and Marlin articles in this issue emphasizing the relative importance of one end of the biomedical-behavioural spectrum, and the Andrew and Powell article emphasizing the other end, the message might be confusing. But the goal of presenting these articles together was to communicate the need for physicians to consider in all new patient encounters the potential for both biomedical and behavioural components underpinning the patient's presentation, and that a skilled and knowledgeable internist will be able to provide the appropriate balance to best manage the patient's concerns.



Mitch Levine