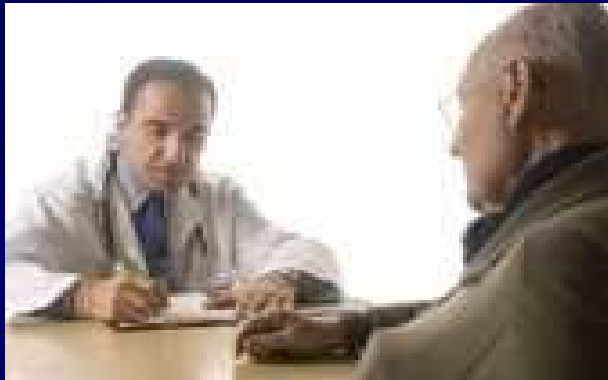


Sick Role, Healing Role



and



Health Seeking Behavior



Sick Role and health seeking behavior:

Health: The absence of disease, or the presence of physical, mental and social well being.

Disease: Objective diagnosis of pathology by doctors.

Illness: Subjective experience of symptoms by patients.

Sickness: Expected behaviors of some one who is ill.

* The absence of a disease is not a norm, because at any time, about 3/4 of population say to have symptoms and only 1/3 of those are seeking professional advice.

Types of medical belief system:



1. Domestic (popular) medicine:

Not-professional and not scientific such as mother treating her children.

2. Traditional (folk) medicine:

Not scientific, but professional such as injectionists.

Also involves (Alternative medicine & Self-help group).

3. Scientific medicine:

Professional and scientific such as modern medicine.

Reasons for the power of traditional (folk) medicine:

1. Short history of modern medicine.
2. Restricted fields of modern medicine (inaccessible).
3. Traditional Dr. stress on interpersonal relationship.
4. Traditional Dr. is trusted.
5. Traditional Dr. shares the patient culture.
6. Many illnesses are either brief and self limiting or chronic and fluctuating.
7. In traditional medicine there are many explanation for failure.



Status:

Is the position of any one in relation to other person. A person may have different and several statuses depending on social relationship that are involved.

Types of status:

1. Static (ascribed): is that status which is given at birth and does not depend on the individual's own efforts e.g. sex, race and inherited anomalies.

2. Changing (achieved): it is that status that an individual gains according to certain efforts and abilities e.g. medical students are in process of achieving the status of the doctor.

These roles in human life might lead to **role conflicts** and **stress** and actually, **role set** are organized automatically within human and in relation to society.



Sick Role:

The expected behavior of someone who is becoming ill.



Important Questions:

People usually ask themselves certain questions when they become ill, and only successful physicians who know these questions and answer them, even if patient not ask about:

1. What has happened? “diagnosis”.
2. Why has it happened? “etiology”.
3. Why has it happened to me? “behavior, diet, hereditary”
4. Why now? “time and natural history of disease”
5. What would happen to me if nothing were done about it? “course, outcome, prognosis and dangers”.
6. What are its likely effects on others if nothing is done? “infectivity”.
7. What should I do about it? “treatment”

Characteristics(aspects) of Sick Role:



1. The rest:

The patient is exempted from normal social responsibilities, this depends on severity of illness and sometimes he will be given a sickness certificate.

2. The guiltlessness:

The patient is not responsible for his illness and can make claims on other for assistance.

* The upper 2 points are usually given to ill persons.
(Rights)

Characteristics of Sick Role:

3. The responsible behavior:

The patient must want to get well because the sick role is regarded as a misfortune.

4. The compliance:

The sick person is obligated to seek medical advice and to cooperate with the plan of medical treatment to get well.

* The last 2 points usually are needed from the patient.
(Duties)





Failure to fulfill the 4 aspects of sick role

lead to label that person who play a role of sick man as either;

1. Hypochondria tic.
2. Hysteric person with conversion personality.
3. Malingerer.
4. Neurotic.
5. Psychotic.



Types of Sick Roles:

1. Temporary sick role:

As in all short and acute conditions, but in some primitive and poor society chronic and serious illnesses may be considered as transient illness.

2. Chronic Sick Role: as in chronic and debilitating illness e.g. Rheumatoid arthritis, but in affluent country some mild illnesses may be regarded as chronic illnesses.



Healing Role of Doctors:

Definition: The expected behavior of someone who is becoming a doctor or physician and it represents the dynamic aspect of the doctor's status in the community.



The Community Expectations from the Doctor:

1. Effective curing ability.
2. Effective caring ability.
3. A respectful role model.
4. A good decision-making.



Preferable Attitudes for Doctors:

- 1. Affective neutrality:** Standing back from the patient and maintaining objectivity without becoming emotionally so involved.
- 2. Universalism:** Regarding all patients as being of the same value, so that non-medical details such as race, religion and social class do not influence medical decision.
- 3. Functional specificity:** Doctor should only be concerned with those matters, which are of direct medical relevance to the patient health.

THE WHITE COAT OF THE DOCTOR:

1. Technical aspects (hygiene).

2. Symbolic aspects:

A- Authority

B- Science

C- Reliability



Presentation of illness:

1. Usual method: Patient presents actual symptoms and usually affected by socio-cultural variables.

2. Conflicting method: Such as

- “Symptom choice” in psychosomatic patient learn how to presents real symptoms from frequent consultation, or media.
- “4th year syndrome” in medical undergraduates due to stress.
- “Symptoms denial” in embarrassing diseases as STDs.
- “Mask syndrome” in neurotic patient.