



## Summary Review: ME/CFS and the biopsychosocial model: a review of patient harm and distress in the medical encounter

In this latest open-access study funded by the ME Association Ramsay Research Fund, Dr Keith Geraghty and Charlotte Blease explain the controversial biopsychosocial (BPS) model that is still applied to ME/CFS.

They identify several ways the BPS model approach can lead to patient distress and harm and compare it with the preferred biomedical model – highlighting implications, and making suggestions, for the clinician-patient relationship.

“BPS model rhetoric may be partly responsible for influencing the way in which doctors and health professionals perceive the illness, not as a serious physical or organic disease (a biomedical model), but as a psycho-somatic syndrome (a biopsychosocial model).”

“These two models offer very contrasting ideas about what causes ME/CFS and what generates symptoms. The BPS model posits that symptoms are a consequence of patients’ actions and thoughts, whereas the biomedical model asserts that symptoms are a direct result of biological dysfunction, often triggered by infection.”

“The two models are incongruent and hamper progress in understanding the illness and treatment development.”

*ME/CFS and the biopsychosocial model (2018)*

Dr Geraghty kindly agreed to provide a summary explanation of what his latest research discovered:

“ME/CFS patients consistently report problems with accessing good quality medical care and support. Many recount distressing encounters with doctors. Despite such consistent anecdotal reports, there has been little research into harms and distress in ME/CFS.

“Engel et al. hoped that the biopsychosocial model would move the focus of medicine away from viewing illness in terms of disease pathology, to a more patient-centred approach that takes account of the individual, their life-course, social history and mental health.”

“Ironically, ME/CFS patients argue that the BPS model applied to their illness downplays the important role of biological abnormalities and over-states the role of psychological and social factors.”

*ME/CFS and the biopsychosocial model (2018)*

“Our paper sought to investigate the types of harms and distress reported in the literature. The sociologist Ivan Illich published a controversial book, *Medical Nemesis*, that argued that doctors and the medical community commonly cause harm to patients, not just at the level of the individual patient, but also on a societal level. Such views move harm far beyond simple medical error.

- [Latest Research](#): ME/CFS and the biopsychosocial model: a review of patient harm and distress in the medical encounter
- [Previous Research](#): ME/CFS patients’ reports of symptom changes following cognitive behavioural therapy, graded exercise therapy and pacing treatments: Analysis of a primary survey compared with secondary surveys

“In response, we undertook a review of a wide range of harms. We identified seven types of harm or distress experienced by ME/CFS patients, including difficulties getting a speedy and accurate diagnosis, poor care quality, scepticism and hostility, difficulties accessing social support and sickness disability benefits.

“We also identified that ME/CFS patients are directed towards controversial psycho-behavioural therapies (CBT and GET), that emerge from a cognitive-behavioural model that asserts that ME/CFS is perpetuated by patients holding unhelpful illness beliefs and adopting unhelpful behaviours.

“...while the BPS model is premised on the notion of being more ‘holistic and patient-focused’, in ME/CFS, this does not appear to be the case:

- Many sufferers find it difficult to access good medical support, including eliciting empathy from doctors.
- ME/CFS patients often recount having to fend off accusations of hypochondria from doctors.
- Many sufferers report doctors being hostile, disbelieving and combative.
- Not only is diagnosis often delayed, once made, ME/CFS patients are often directed towards unpopular psychotherapy interventions (CBT and exercise therapy), thus many sufferers report giving up on mainstream medicine.”

*ME/CFS and the biopsychosocial model (2018)*

“Our review found that this model is often rejected by patients as inaccurate and generates a range of harms, including the propagation of an erroneous view that ME/CFS is easily treated with talk therapy. We detail how this model impacts socio-cultural perspectives of the illness and generates stigma for ME/CFS sufferers.

### Distress and harm are avoidable

“We conclude the paper by reasserting the need to listen to the patient, to accept the patient narrative and to respect the patient voice.

“Distress and harm are avoidable in ME/CFS; however, doctors need better training on the disease, how to identify it, how to manage patients and how to present treatment options.

## Conclusion:

“The biopsychosocial framework currently applied to ME/CFS is too narrow in focus and fails to adequately incorporate the patient narrative.

“Misdiagnosis, conflict, and harm are observable outcomes where doctors’ and patients’ perspectives remain incongruent.

“Biopsychosocial practices should be scrutinized for potential harms. Clinicians should consider adopting alternative patient-centred approaches.”

*ME/CFS and the biopsychosocial model (2018)*

“We hope our paper will be read by medical professionals and patients and may assist both parties in developing more concordant doctor-patient relationships.”

## Future research

“While the etiology of ME/CFS remains unclear, the ‘first do no harm’ principle of medicine should continue to guide practice. Doctors should respect the patient narrative, rather than seek to impose illness models and interventions in a top-down fashion.”

“The simple act of acknowledging patients’ concerns and involving patients in decision making, may avoid the distress, isolation, and iatrogenic harm many ME/CFS sufferers report.”

*ME/CFS and the biopsychosocial model (2018)*

“There is a clear and present need for more investment in biomedical research in ME/CFS that aims to identify key events in illness pathogenesis and the reasons for alterations in immune function.

“Understanding disease onset and pathophysiology will ultimately lead to the development of new and novel treatments.

## Implications for rehabilitation:

- Patients with ME/CFS may report or experience one or more of the modalities of harms and distress identified in this review.
- It is important health and rehabilitation professionals seek to avoid and minimize harms when treating or assisting ME/CFS patients.
- There are conflicting models of ME/CFS; we highlight two divergent models, a biopsychosocial model and a biomedical model that is preferred by patients.
- The ‘biopsychosocial framework’ applied in clinical practice promotes treatments such as cognitive behavioral therapy and exercise therapy, however, the evidence for their success is contested and many patients reject the notion their illness is perpetuated by dysfunctional beliefs, personality traits, or behaviours.

- Health professionals may avoid conflict and harm causation in ME/CFS by adopting more concordant ‘patient-centred’ approaches that give greater prominence to the patient narrative and experience of illness.

*ME/CFS and the biopsychosocial model (2018)*

“However, there is also a need to fund research into the management of the condition, particularly the ways in which doctor’s deal with patients with ME/CFS and with medically unexplained symptoms.

“While biomedical research may take years or even decades to develop drugs that may reverse ME/CFS, much could be done now to address the clear short-fall in ME/CFS awareness among doctors and health professionals.”

Dr Keith Geraghty.

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