

## Know Your Practitioner: The Three Models of Birth and Health Care

By Robbie Davis-Floyd  
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TECHNOCRATIC MODEL	HUMANISTIC MODEL	HOLISTIC MODEL
Mind/body separation	Mind/body connection	Oneness of body-mind-spirit
The body as a machine	The body as an organism	The body as an energy system intertwined with other energy systems
The patient as object	The patient as relational subject	Healing the whole person in whole life context
Alienation of practitioner from patient	Connection and caring between practitioner and patient	Essential unity of practitioner and client
Diagnosis and treatment from the outside in using disease-representing biomedical	Diagnosis and healing from the outside in and from the inside out	Diagnosis and healing from the inside out
Hierarchical organization and standardization of care	Robustness between the reach of the institution and the individual	Networking organizational structure that facilitates individualization of care
Authority and responsibility inherent in practitioner and patient	Information, decision-making and responsibility shared between patient and practitioner	Authority and responsibility inherent in each individual
Separation of science and technology	Science and technology intertwined and used by humans	Science and technology placed at the service of the individual
Aggressive intervention with emphasis on short-term results	Focus on disease prevention	A long-term focus on creating and maintaining health and well-being
Death as defeat	Death as an acceptable outcome	Death as a step in a process
A painful disease process	Compassionate disease process	Healing as the focus
Interference of other modalities	Open-mindedness toward other modalities	Endorsement of multiple healing modalities
Basis underlying principle: separation	Basis underlying principle: balance and connection	Basis underlying principle: connection and integration
Type of thinking: atomistic, left-brained, linear	Type of thinking: holistic	Type of thinking: fluid, multi-modal, right-brained

### Talking Points

- ❖ This article offers an opportunity for us, as patients and as practitioners, to identify our model of health care. Sometimes we know where we “fall” on this spectrum of models, but other times, we don’t have the language to clarify and share our health care philosophy. This article will help patients and practitioners open a dialogue with their respective care givers and patients. Increased communication between patient and care givers leads to better outcomes for all.
- ❖ This article offers the results of an anthropological study [carried out with Gloria St. John] of models of healthcare. Three major paradigms of healthcare are described. (The Merriam Webster Online Dictionary defines *paradigm* as “a theory or a group of ideas about how something should be done, made or thought about.”)
- ❖ Davis-Floyd explains that “as a society’s medical system mirrors its core values in microcosm, so the evolution of medicine can influence the evolution of the wider culture.” Therefore, defining and determining a model of healthcare can both increase communication between patient and care-giver, but also have greater expression as such models of care spread to the larger culture. “Who do we want our selves to become through the kinds of healthcare we create?” (18)
- ❖ Robbie Davis-Floyd imagines a health care system, and a world, where the best of all approaches could create a great system for all. “Technologies exist to support every kind of labor choice. If we could apply appropriate technologies in combination with the values of humanism and the spontaneous openness to individuality and energy chartered by holism, we could in fact create the best obstetrical system in the world.” (18)
- ❖ Pages 18-19 offer an easy-to-compare chart of the three major paradigms of healthcare – Technocratic, Humanistic, and Holistic.

**Resources**

Full references for each article are available at <http://pathwaystofamilywellness.org/references.html>

Here is a very interesting article earlier this year in the *Chicago Tribune* about medical schools requiring humanities courses for medical training - [http://articles.chicagotribune.com/2013-03-20/health/ct-x-medical-school-arts-20130320\\_1\\_doctors-students-humanities](http://articles.chicagotribune.com/2013-03-20/health/ct-x-medical-school-arts-20130320_1_doctors-students-humanities). Turns out, being compassionate and increasing good communication can help doctors be better humans (which is an important quality in good “doctoring.”)

For doctors with access to PubMed, you can read the full study by R. Davis-Floyd at <http://www.ncbi.nlm.nih.gov/pubmed/11742639>

This article excerpt is taken from “The Technocratic, Humanistic, and Holistic Paradigms of Childbirth” by Robbie Davis-Floyd PhD *Originally published in the International Journal of Gynecology and Obstetrics, Vol 75 ,Supplement No. 1, pp. S5-S23, November 2001. You can read it in its entirety here:* <http://davis-floyd.com/the-technocratic-humanistic-and-holistic-paradigms-of-childbirth/>