Why the biopsychosocial model needs to be the underpinning philosophy in rehabilitation pathways for patients recovering from COVID-19

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New post-acute care rehabilitation pathways will be required to treat patients following the COVID-19 pandemic. The rehabilitation needs of patients with COVID-19 will be complex. Initially, medical treatment and physical rehabilitation will be needed, but in the longer term, patients may also require psychological and social support. The biopsychosocial (BPS) model is therefore proposed as the theoretical framework to underpin the planning and implementation of COVID-19 rehabilitation pathways. The BPS model is dynamic and attempts to recognise the complex interactions between biological, psychological and social constructs of illness. It is argued that the BPS can be used to coordinate new models of rehabilitation across the health and social care systems. The need for multidisciplinary workforces to collaborate across disciplines and systems is emphasised, along with the recognised challenges to coordinate such an approach when demand for services will be high. The integration of self-management approaches to underpin the BPS is suggested, whereby patients are encouraged to manage the later stages of their rehabilitation independently. Following COVID-19 illness, it will be difficult to separate the person and their personal circumstances from COVID-19, and to regard physical, psychological and social factors as independent entities. Therefore, it is proposed that the BPS model should be the philosophy of care to underpin rehabilitation pathways for patients with COVID-19.

As our acute health service responds to the COVID-19 pandemic, post-acute services are starting to plan rehabilitation pathways. It is acknowledged that new rehabilitation models will be required. This is especially relevant because capacity will be stretched, and there is limited evidence to support current rehabilitation models for patients post intensive care and pathways are often poorly coordinated. While the rehabilitation needs of patients with COVID-19 may be similar, they will also be complex. Initially, medical treatment and physical rehabilitation will be needed to achieve discharge from hospital. Following discharge, this will continue, but in the longer term, patients may also require psychological and social support to return to normal life. We therefore propose that the biopsychosocial (BPS) model should be used in the planning and implementation of COVID-19 rehabilitation pathways.

As patients with COVID-19 recover, their rehabilitation needs will require interventions that make explicit the central tenets of the BPS model proposed by Engel 40 years ago. The BPS model is an attempt at unifying a philosophy of care with an underlying scientific rationale while at the same time acting as a clinical guide for healthcare practitioners. By moving beyond a narrow biomedical perspective, the BPS model attempts to recognise the complex interactions between biological, psychological and social constructs. The BPS model has been praised by some for its movement beyond the biomedical model; however, it is criticised by others for its lack of coherence, clarity and content. The BPS model has often been interpreted so that each of the aspects are seen to be ‘more or less equally, relevant, in all cases, at all times’. However, this misinterpretation does allow for how the BPS model can evolve, change and adapt to the needs of the individual patient at any given time. The nature and impact of the COVID-19 pandemic will demonstrate how the domains of the BPS are dynamic through a patient’s recovery (figure 1).

In the acute stage, the focus will be biomedical, with interventions such as ventilation, medication and other acute medical therapies and...


