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Social Medicalization (II): Biomedical Limitations and Proposals for Basic Care in the Clinics

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Objectives: To analyze how doctors and health officials contributed to the construction of technical-philosophical guidelines that generated high levels of medicalization at the micro-social level in the basic health services in Brazil.

Methodology: Interpretive Analysis

Results: This article discusses the limitations of the biomedical knowledge/practices and their influence on the creation of autonomy in the users. The knowledge and practices considered are related to prevention and therapeutics. For the author, social medicalization destroys autonomy in the individual health-sickness process and it generates an infinite demand on health services. This significant increase in demand is a challenge in Brazil for the United System of Health (Sistema Unico de Salud). The author suggests, among other things, the systemization of diagnostics and its ontological risk; fighting authoritarianism and the obsession with disease control by the doctor; bio-medical dogmatism and the tendency to prioritize therapeutics as a treatment.

Conclusions: The author concludes that the technological interventions of biomedical knowledge and its cognitive operations contribute little to the autonomy of the patients. Face to face with these limitations, he suggests a review of the meaning of bio-medical knowledge and the “healing” function of health teams, as a mission to reconstruct individual autonomy and to take preventative health measures in the face of lived events and illness diagnosis.