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How Doctors are Inserted into the Medical Process: The Case of the Basic Clinics of Belo Horizonte

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Objectives: To describe and analyze the insertion of doctors in public health services.

Methodology: Qualitative, participant observation and interviews with doctors and executives of four Basic Health Units of the Network of Public Health of Belo Horizonte, Brazil.

Results: The authors found in their research that doctors assigned to the Program for Family Health (PSF), are skeptical about the changes that the program seeks because of a lack of sufficient information regarding the model and the process of change proposed by the organization. The authors found that the process is paradoxical and inconsistent, as all managers interviewed placed the doctor as a central player in the success of the program, despite the unwillingness of institutions to involve them. This is evident in that the only training for doctors was limited to a course that not everyone had access to. The authors suggest that changes in the work process are limited to the length of integral working time, home visits and participation in group activities. There was no word on the incorporation of strategies aimed at changing the work process. The authors emphasize that current medical practice is characterized by the indiscriminate use of technology, the excessive fragmentation of care to the individual, exaggerated interventions and neglect of the psychosocial and cultural aspects of pain. This situation has created a crisis in the biomedical paradigm, which translates into a progressive inability of health care services, especially in the "naturalization" of a mediocre medical practice of public health services. The authors emphasize the existence of significant "gaps" in clinical practice which account for hindering the subjectivity of users. These aspects are important as they enable an understanding of the subject-patient and lead to more efficient measures to solve the problems of the individual as part of a collective.

Conclusions: The authors argue that despite the efforts of governments and health managers, performance and the commitment to comprehensive care for users of the Program for Family Health still leave much to be desired. It is necessary to introduce the background of new medical technologies and concepts that lead to a different clinical practice, reformed, shared, and less asymmetrical, where the patient plays a role.