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Dispute Concerning the Care Plans of Domiciliary Internment: a Necessary Reflection

L C. Carvalho

L C. Feuerwerker

E E. Merhy

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Objective: To present a reflection on the method of analysis applied to the “dispute of care plans”, that authors identified in one of the case studies of the investigation on implantation of home care in the Brazilian United Health System.

Methodology: Mapping of experiences of home care, structured interviews of health professionals, care users and their relatives, and method of analysis review.

Results: The authors consider a case that allows them to reflect on the micropolitics of health work, within the framework of the “Home Care Program”.

The authors show the differences in the quality of care between health professionals and relatives who act like caretakers. The medical team of the program works with focused technical knowledge of the disease, whereas the family caretakers work with their own knowledge. For example, a mother is concerned with all aspects of her child’s life, not just his life with his disease.

The authors emphasize the concept of health developed by Cecilio, who takes into account four categories used, to analyze the “Home Care Program”: 1) good living conditions; 2) access to all health technologies used to improve and to prolong health; 3) development of a bond between clients and the health team and/or individual professional health care provider, and; 4) development of the autonomy of the health care user’s way of living their life. The authors emphasize that the home health care program team is not able to guarantee first and the fourth of the aforesaid points; whereas the family care giver cover all the points, but not completely. In order to advance in the analysis, the authors divide the arsenal of health technologies into three types: the hard technologies, which are the instruments and equipment; the soft/hard, which is technical knowledge, such as epidemiological or clinical knowledge, and finally, the soft technologies, which refer to the relational space between worker and user. The authors indicate that the differences in the production of care are because of professionals who base their strategy on the use of the hard technologies, based in the equipment and procedures, as in the soft/hard technology. These professionals work with a small margin of creativity and listening. On the other hand, in the case of the family caregiver, the soft technologies command the work process, whereas the hard technologies and soft/hard technologies operate like aids.

Conclusions: For the authors, health work appears in the interrelation of the workers and clients, and is measured by the combination of technologies (hard, soft/hard and soft). The construction of a shared system of health care is possible, but it depends on the use of these technologies and the recognition and mutual respect of the involved actors (health care personnel and care giving relatives). Finally, the authors propose, in the rigid scene of health workers, that the family care giver is a new ally, whose references of the world and the life of the client (not measured by technical knowledge or the in-depth knowledge of health problems) can contribute to improve the care of the patient, especially in the quality of life.