

EDITORIAL

Brazil's Health System and Medical Formation

O Sistema de Saúde e a Formação de Médicos no Brasil

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Many questions which have long challenged medical educators have become extremely important in present times, especially when technocracy and automation exclude humanism and humanitarianism in human relations. The challenge of this section of our lives remains: how to make the health system genuinely national, equanimous, democratic, referenced and unique?; How to organize the health system so that the community to which it is destined and those who finance it are capable of controlling, managing and determining its evolution?; What is the role of Medical Schools toward this purpose?; How to assure adequate medical formation to attain the real medical attention needs in Brazil and fixate doctors in a dignified and equanimous way in the whole country?. These Brazilian particularities are simultaneous to what happens in the rest of the world, especially in places where respect for people, family and institutions still waits for a society that is reflexive and builds its destiny, so that the well-being of all those who search and deserve it is assured.

Brazil has many health systems, public or private. The public system is financed compulsorily by the population - therefore, not being free - and is constituted by the *Sistema Único de Saúde* (Unified Health System, SUS), instituted by the VIII National Health Conference and present in the Brazilian Constitution of 1988, but also inserted in state policies of some of the States of the Federation. The private system, complementary, is financed by direct payment, be it in the form of cooperatives, of insurance, or direct. Around three-quarters of the Brazilian population depends on SUS to receive medical assistance. SUS is one of the biggest health care systems in the world, with predominantly government management, and some popular comanagement.

SUS constitutes one of the most important popular achievements regarding health assistance as a whole, particularly medical assistance, including everyone equally, avoiding so-called indigence. Its actions include health attention from the house up until high technological complexity services, including DataSUS, the Urgence Mobile Care System (SAMU), Sanitary Vigilance, and the National Immunization Program; furthermore, there are Care Programs focused on various specific nosologies such as malnourishment, mother-daughter care, endemics, neoplasias, violence, vulnerability, illicit drugs, and many others. SUS's role in the combat of the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) has been exemplary, a reason for pride in Brazilian citizenship. However, much more still has to be done in face of so many and

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so frequent hardships that patients, physicians and other health care professionals go through on the way towards general and specialized medical care. This insufficiency comes from the inadequacy of its financing, management and human resources, as well as from the situation of underdevelopment that condemns life to continuous vulnerability. An example is the lack of access to potable water and human waste sanitation for more than 50% of the population, which impairs the health of all, and, more relevant than all installed medical technology, is directly responsible for the persistence of waterborne diseases and child mortality.

The planning executed with the participation of the community which SUS addresses is the basis of democratization and improvement of all actions in search of well-being, starting from primary attention. These actions are established by demographics and prevalent nosologies, as shown by the Epidemiological Vigilance system, which is capable of identifying community problems, subsidizing the discussion of possible solutions and determining priorities for their approach, as well as establishing egalitarian processes for their resolution.

Medical education must support itself wholly in this system, together with the many health care and medical assistance units, as the natural *habitat* of the formation of health care professionals and physicians, capable of revealing what is necessary for work to be based on real-world conditions and with a compromise to social needs and desires. The organization of graduation curricula stems naturally from this organization and the problems which have to be faced, and evolve with their progress, in a dynamic development process, according to social evolution and problems' resolutions. Therefore, the curricular organization is determined by learning based on competence towards the acquisition of knowledge, psychomotor abilities and attitudes, conquered through the relationship with the patient, their family, and the community, following the example of teachers and the multidisciplinary team. This makes training in all levels of health care a part of the preparation for taking up the role in those services, in which a professional career is assured from the admission to the Medical School, as a State career, and in which dignified remuneration is assured for life, with recognition for the social good which it promotes. The formation of specialists is naturally determined and controlled by social necessity and personal desire of the student but controlled by remuneration, in which the value of the physicians' time is the same, independently of where their role is exerted. Medical residence is the natural path towards specialized formation after the experience obtained in Basic Care, in which training in service and its habilitation through competence are essential.

Many of the questions presented at the beginning of these reflections constitute a challenge to the development process of SUS and its link to medical formation in Brazil. Despite the countries' particularities in face of the world, this link may be able to answer many questions which affect underdeveloped or developing countries in face of the need to assure the well-being of all those who seek and deserve it, with a social compromise which stems from social action, ethically and compassionately.

Osler's advice rings true when he says: "The good physician treats the disease; the great physician treats the patient who has the disease", "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all". "The student must keep in mind that he is not engaged in a college course, nor medical course, but a life course, for which the work of a few years under teachers is but a preparation."

SUS and the Medical School, integrally together, can make possible the comprehension of the life of each patient, as a stimulus to the self-knowledge of each student, so that they act decisively in their medical mission, in efforts to obtain the well-being which everyone wants and deserves.