142 - HUMANIZATION AND HEALTH CARE: POSSIBLE CONTRIBUTIONS OF PHYSICAL EDUCATION

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1. INTRODUCTION

The Physical Education-P.E., as it is known, and temporally preceding modern medicine, had roots directed to hygienism and militarism. The body in this discipline was treated as something to be tame, that could be in sports, gymnastics, dance, in the struggle or in the games.

All these ways of thinking P.E. favored the dialectic of knowledges of area and in the specific case of P.E. as the health field; the experience of the crisis was good. This insertion in the medical area brought new debates for P.E., making discussions of Collective Health switching to permeate the wheels of lectures for professionals in the area.

In this way, formulates the following question: which guide the possible links between the P.E. and humanization of health care? To answer this question we performed a bibliographic research with the objective to promote reflection on the role of P.E. in Collective Health field and its possibilities in the process of humanization and care.

2. HUMANIZATION IN HEALTH AND ITS RELATIONS WITH PHYSICAL EDUCATION

The debate on care humanization in health is not a new issue, not even a fad, since the 1970s the subject is dealt with. The starting point for the discussions was the american symposium denominated Humanizing Care in Health, in San Francisco, California (DESLANDES, 2004).

The P.E. goes on to discuss their needs in the field of health system only in the 1990s, based on Marxist debates promoted by critical fields of the P.E. The discussion process started to require the humanization in P.E., so the dialog, respect, listening and feelings arise as pioneers in humanization within the P.E.

But what comes to be Humanization? We can conceptualize humanization as the intertwining of the use of means, methods, technologies, knowledge, theories and actions from the medical field with the use of instruments as relational dialog, listening and affection, seeking as mainstream provide human happiness (AYRES, 2005).

According to Ayres (2005), the humanization search normative horizons attempting to flee the endemic health concept as diffused by the World Health Organization-WHO during the Declaration of Alma-Ata (2001), where health is considered, in addition to the absence of disease, a complete welfare physical, mental and social.

Ayres (2001), when it refers the idea of project of happiness, indeed suggest that the plans, developments and evaluations in health fleeing the technicism, automatism and consider the experiences of the subjects understood as health.

The P.E., as disciplinary field, seeking provide the pleasure to his student, patient or client, through not only the practice of physical activity, but also through to provide the contact with the body, becouse we are bodys that lives situations of motor development, cognitive and affective. Thus, we can make an analogy with the proposals of Ayres (2001) and say that the P.E. may contribute to the proposal of happiness of subject to be serviced in the health system.

Deslandes (2004) emphasizes that the humanization is opposed to violence and negation of the other, and on the other hand, seeking offer humanized quality care, uniting technology and good relationship. We observed that the denial of the violence and the denial of other sessions P.E. are already considered common practices; despite decades of sportivization and absorption of the doctrine of income, of competition and the eagerness of winning; today, we realize that the P.E. seeking the humanization by joining technologies offer, in the case the live work in act, with a good relationship between the participants of the process, in the case the professional P.E. and the patient, customer or student. This relationship, directed by the code of ethics of the profession, requires respect, cordiality, impartiality, benevolence. (CONFEF, 2003).

The code cited has as its starting point the Universal Declaration of Human Rights and Culture, as well as Agenda 21, which protect the environment in terms of relationship between men and women in society, takes into account values such as freedom, equality and fraternity. Becomes clear, therefore, that the P.E. turns to an ethics focused on humanization.

Returning the ideas of Deslandes (2004), the humanization comprises the reception and the link. The concept of vinculum covers the concept of affective bond between the health professional with a population which is situated in a territorial space. Reception, according to Teixeira (2003) would be an attitude contained in care. Promote a listening attentive, identify needs and propose intervention, these would be the objectives of reception. The author also says that for this is necessary to recognize the patient as subject and adopt a culture of communication.

In P.E. reception and the link may also be observed. The link is a pleasant way, we must highlight that the practice of P.E., when targeted, always turned to the achievement of physical activities that do flourish awareness corporal, through movements expressive and playfulness. The playfulness favors the breaking of spaces between the subject, because by touch, smiling and body movement, situations that generate affective bonds are easy to be acquired. When performing the practice corporal, P.E. also proposes to welcome, since listening, respects the listening and then intervenes to achieve the objective proposed for the practice.

Let us return to humanization. Deslandes (2004) maintains that in 1975, Geiger creates a model to explain how the dehumanization occurs in the area of health, for him the reasons are: the social inequalities, which generate preferences in medical care; medical specialization, which leads the professional cannot feel the man as a integral being; and, on medical training, which hinders the communication between doctor-patient. We need that all professions have look for such situations. The P.E. is not excluding to promote such attitudes, because service best who has more financial condition, take advantage of the social position of the student, patient or customer, possess preference among individuals to care and does not consider the being as a whole, as already mentioned, promotes the dehumanization and as a consequence, the demoralization of the profession and of the professional.

For Howard (1975), are humanization practices: valorize human life; each human being is irreplaceable; persons must be considered in its totality; the patient should have the freedom of action; equality must be permeated in the treatment of different people; the taken decisions must be communicated to the patients; there must be empathy between caregiver and the

individual to be care; and, lastly, the relationship between doctor-patient should be guided by fondness.

The student, patient or customer, in actual P.E., has freedom of action, may intervene in its own treatment, suggesting, criticizing and contributing. Equal treatment and clarity in the taking of decisions are attitudes imposed by already cited code of ethics of physical educator. Empathy and fondness, unfortunately cannot be bought in, or learned in banks of the university, but it is perceived by professionals P.E. that both are essential in his work and, without them, they may be out of the market.

3. HEALTH CARE AND THE POSSIBLE INTERFACES WITH PHYSICAL EDUCATION

According Ayres (2001) the term care in health must be considered a construct philosophical, a set of knowledge that seeking successes in health care practice beyond the mechanistic models only, whereas the subject as a full and in search of happiness.

There are several ways to understand the care in P.E. We can understand that we must take care that the pupil, patient or customer does not get hurt physically, but this is a thought empirical, overt. The careful P.E. exceeds the sense of only care physically.

Heidegger (1995) affirms that the sense of human existence is the attitude, the condition and the action of care. The care, in view of this author, it is considered an essential element which offers the opportunity to understand the condition of being human. This condition, during a session practice of P.E., offers the professional humans, since the care, reaches its essence as man.

For Pinheiro (2008) the care exceed what is contained in these blocks conceptual, must be a full action, with meanings and senses with the objective to understand the health as the law of the human being.

Boff (1999) also supports the option for care. Care, as he says, is more than an act, is an attitude of concern, responsibility and of affective. The simple concern of professional EF in know how the other is, what he feels and thinks, creates positive feelings to others, thus customizing the act of caring.

There are several factors which may trigger failures in the humanizing process of care, among these factors are the technologies. Ayres (2005) points out that, the technologies in health, promote positive factors such as increasing the effectiveness and efficiency in medical interventions, but may enact negative points as the rising of the treatments, attention to psychosocial aspects of the patients and excessive segmentation of the patients in organs and functions.

The technologies in P.E. configured as a dangerous element for negligent professionals. Machines and apparatus fitness, balls, mats, weights and other accoutrements used for the practice of physical activities may not be considered the center of sessions. The subjects, professional and individual to be careful, are the main actors. This act, the technologies may not be an end in itself, must be a means of intervention, but may not create barriers to relationship. For the interaction human, there is no need of machinery, it is requested only that there are two people willing to relate.

We should remember that the use of technologies in health, cannot and nor must, transform the health professionals in a mere spectator and applicator technological. The appliance for which brings the technology should not be the center of the process, quite the contrary, it must be a link between the patient and professional. The humanization of caregivers health cannot be dominated by manipulation of objects (AYRES, 2005).

But after all, as must care? To Merhy (2004), caring involves the working relationship between the live act in the desiring subject and the professional healthcare, this is a meeting between two beings, feelings, expectations and desires, intersubjective, in which search produce vinculum and acceptance. In P.E. the live act, the achievement of corporal practice, by itself reflects the thinking of the author.

Imagine a servicing P.E. between a professional and an elderly with special needs. Both are for practice, the feeling of professional is to help through his work that the elderly regains its autonomy for the activities of daily life-ADLs. The elderly wishes, through the physical activities, feel better and more willing. The two begin a process, day after day, in search of objectives. When they met several times, will accept each other. Will walk together, tell stories of their lives, smile with some funny situations and thus create affective bonds. Empathy will be necessary for the success of the intervention. The responsibility of care of the other by the professional P.E. shall be required. The fact of talk will generate interaction. The P.E. in this case will offer the professional and the elderly, an affective bond. That is care!

The caregiver may not have the only objective and truthful the object of intervention technique. This attitude does not allow the perception of trade promoted by the interaction with the patient (AYRES, 2004). However in accordance with the ideas of the author cited, dialog is the most basic condition of the act of care, the fact that hear the other, to break this monologue, hear with respect, to exchange words and feel the language of the next, are positive attitudes in the act of attention to the individual. In the meantime, alert, it is necessary to assess the quality of the type of listening that offers.

We know then that dialog is necessary for the caregiver, but ready-to listen brings something of great importance in the process of humanization of health care, the responsibility. However, what is the dialog with the other, in a situation of lacking above all affective, if not captivated the next? This is not represents responsibility? We believe that the position of those who care, to talk, is to offer words not only of comfort, but of joy, motivation and happiness. Through this language and using the empathy, fatally the patient is captivated and, thus, the caregiver becomes responsible. Remember the abovementioned situation of the professional P.E. and the elderly, the physical educator captive the patient, through the conversations, the words of encouragement, of the touch cozy and a pleasant way as executes his work, in this way, makes-accountable for him.

Ayres (2005) also points out the need for health workers carry out a self assessment and questioning why, how and how much they charge for those whose health care. By being responsible for another, we are offering the goods, in exchange receive gratitude and respect, in this sense, care can be understood as a gift.

According to Mauss (1974), donation or gift ritual was the way that ancient societies held their trade. Worked the following form of the market: give, receive, contribute. This process would understand that receive something, I need offer something. Caillé (2002) configures boon as any action service carried out without collection of return. Is to offer good, without, however, not whether it will be reciprocated. In this way, we emphasize that care may only be formalized if occur through action together. It is a fact also that the health professions bring in its historical gene action by the donation, marked by benevolence and charity. The care may be involved by atmosphere of the circle: donation, receiving and retribution. The care may even, be considered a value. Once again we report the case of professional P.E. and the elderly. To develop their work, with affection, fondness, responsibility, affection and love, the professional P.E. try to achieve their goals, and the elderly, to realize that it is welcomed, rewarded in the same proportion, recognizing, thanking and also trying to offer something in return.

In accordance with Pinheiro (2008) it is possible to consider the care as a value from the time when we consider the act of care part of human ethos.

Boff (1999) observes that capitalism fosters the prevailing lack of respect for the basic conditions of human beings; the farm for profit is the major tool of the present system. So we need to care for the next one will be activated for the rescue of respect

and feeling for all. For this is necessary to emphasis on feelings, because the reason is threatened by capital. We finalize this topic recalling Freire (1987:36), when reported that care for the oppressed must be carried out in the act of love, because "only this fullness is that the solidarity real constitutes".

4. CONCLUSIONS REFLECTIVES

We believe in not to terminate this text, because the P.E. that we visualize is a field of knowledge which practices are constructed dynamically and not finished. The humanization of care in P.E. should be considered as a fundamental element of the organization attitudinal, procedural and conceptual of the profession.

The question related to care, proposed in this study by several authors of Collective Health, must be present in the debates on P.E. and health, because it represents a new theory for this discipline involving the care of the other.

We are proposing to physical education teachers to reflect on their practice, which exceed the trend only technical and physical, that through their lessons may offer a traineeship of knowing how to care of the next, to apply its content providing know care.

REFERENCES

AYRES, J.R.C.M. Hermeneutics and the humanization of health practices. Science and Health, 10 (3): 549-560, 2005

AYRES, J.R.C.M. Subject, intersubjectivity and health practices. Science and Health, 6 (!) :63-72, 2001

AYRES, J.R.C.M. Care and reconstruction of health practices. Interface: Communication, health education, 8 (14) :73-91, 2004

BOFF, L. Care to know: the ethics of human - compassion for the Earth. Petrópolis: Vozes, 1999.

CONFEF, the Federal Council of Physical Education. Code of Ethics. Rio de Janeiro: CONFEF, 2003.

DECLARATION OF ALMA ATA: Conf. Intern. on Primary health care. Alma-Ata/URSS, 6-12 September 1978. IN: BRAZIL. Ministry of Health. Health promotion. Brasília: MS, 2001

DESLANDES, SF Humanization: revisiting the concept from the contributions of medical sociology. In: Humanizing Health Care: concepts, dilemmas and practices

DESLANDES, SF Humanization and political construction of the subject place in the communication process. Ciência & Health, 9 (!) :7-14, 2004 Foucault, M. Microphysics of power. Rio de Janeiro: Graal, 1984

FREIRE, P. Pedagogy of the Oppressed. New York: Continuum, 1987.

GEIGER, HJ The Causes of dehumanization in health care and prospects for humanization. In: HOWARD, J. & STRAUSS, A. Health care humanizing. NY: John Wiley & Sons, 1975.

HOWARD, J. Dehumanization and humanization of health care: a conceptual view. In: HOWARD, J. & STRAUSS, A. Health care humanizing. NY: John Wiley & Sons, 1975.

PINHEIRO, R. Care as a value: an essay on the (re) think the action in the construction of effective practices for integrality. In: PINHEIRO, R., MATTOS, RA Reasons for comprehensive public health: the care and value. Rio de Janeiro: IMS / UERJ, 2008Mauss, M. Sociology and Anthropology. São Paulo: EPU, 1974

MERHY, E.E. The process of work on health. Notes from the conference. Rio de janeiro: IMS / UERJ, April 27. 2004 TEIXEIRA, RR The host of a health service understood as a network of conversations.IN: PINHEIRO, R. & MATTOS, R. A. Construction of comprehensiveness: Everyday life, knowledge and health practices. Rio de Janeiro: IMS-UERJ, Abrasco, 2003.

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ABSTRACT

This article has as objective brought professionals of Physical Education, a reflection about the applicability of humanization of care on the theory of this discipline. We used a bibliographical study with reference to the works of specific authors from the field of Collective Health.

KEY-WORDS: Humanization, Collective Health, Physical Education.

SOINS ET SANTÉ HUMANISATION: CONTRIBUTIONS POSSIBLES DE L'EDUCATION PHYSIQUE

RÉSUMÉ

Ce document vise à réunir des professionnels de l'éducation physique, une réflexion sur l'applicabilité de l'humanisation des soins dans la théorie de cette discipline. Nous avons utilisé une étude bibliographique en référence aux œuvres d'auteurs spécifiques dans le domaine de la santé publique.

MOTS-CLÉS: l'humanisation, de soins, la santé, l'éducation physique.

LA HUMANIZACIÓN DEL CUIDADO Y SALUD: POSIBLES CONTRIBUCIONES DE LA EDUCACIÓN FÍSICA

RESUMEN

En este trabajo se pretende acercar los profesionales de educación física, una reflexión sobre la aplicabilidad de la humanización de la atención en la teoría de esta disciplina.Se utilizó un estudio bibliográfico referente a las obras de autores específicos en el ámbito de la salud pública.

PALABRAS CLAVE: Humanización, Salud Pública, Educación Física.

HUMANIZAÇÃO E CUIDADO EM SAÚDE: POSSÍVEIS CONTRIBUIÇÕES DA EDUCAÇÃO FÍSICA

RESUMO

Este artigo possui como objetivo trazer aos profissionais de Educação Física, uma reflexão acerca da aplicabilidade da humanização do cuidado na teoria da referida disciplina. Utilizou-se um estudo bibliográfico tendo como referência as obras de autores específicos do campo da Saúde Coletiva.

PALAVRAS-CHAVE: Humanização, Saúde Coletiva, Educação Física.