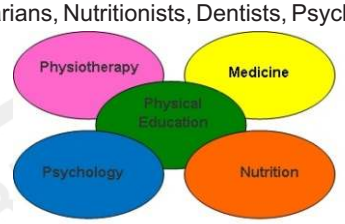
101 - ANALYSIS OF COMMON FIELDS OF WORK AMONG HEALTHCARE PROFESSIONALS

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INTRODUCTION

In face of the need to consolidate the principles and objectives of the SUS (Sistema Único de Saúde) to an integral assistance, the Conselho Nacional de Saúde, resolution n. 218, of March 6, 1997, reasserted the importance of an interdisciplinary/ multiprofessional action performed by the different healthcare professionals with university degrees. However, some categories present working fields closely connected, which creates, due to this intercession, divergences in the delimitation of practical work among them.

To achieve this goal the Conselho Nacional de Saúde acknowledged as healthcare professionals of university level the following categories: Social Assistants, Biologists, Physical Education Professionals, Nurses, Chemists, Physiotherapists, Hearing care professionals, Doctors, Veterinarians, Nutritionists, Dentists, Psychologists and Occupational Therapists.



OBJECTIVES

The aim of this study is to examine these intercession points with the intent of better defining the field of work of each professional and try to create a model of multidisciplinary team within the limits of each profession. This will be achieved as follows: to assess if the Physical Education is under the influence, is invaded or if it works along with the professions previously described and vice-versa, as it's shown in the diagram above.

JUSTIFICATION

To highlight the areas if intercession among the Physical Education, Physiotherapy, Medicine, Nutrition and Psychology and to create and object of consultancy and study that relates the professional regulations and some of the main areas of health and clarify the subtle limit between the interdisciplinarity and the 'crime' of professional performance, citing also the conflicting points in these relations.

LITERATURE REVIEW

However, some points of intercession among the areas of health have caused some polemics among the professionals in which concerns the delimitation of its working field in the different stages of assistance.

According to the guidelines analysed in the Documentos de Intervenção dos Profissionais of areas of health and in the resolution n. 1.627/2001, it was noticed the points of intercession among them and it could be verified that, among the professions, these points in common comprehend with more or less intensity the three levels of intercession as shown below:

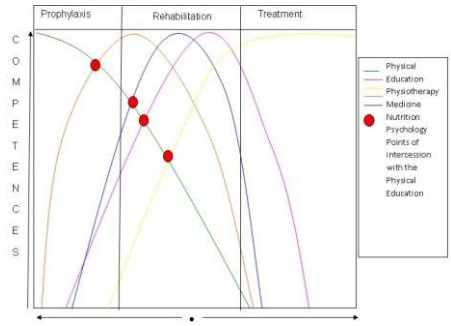
TABLE 1- Definition of the points of Intercession in the Areas of Health and the comprehension of each profession in each one of them, based on the Resolution n. 1.627/2001.

Professions	Primary Prevention (Prophylaxis)	Secondary Prevention (Rehabilitation)	Tertiary Prevention (Treatment)
	Health promotion and prevention of occurrences of infirmities.	Prevention of evolution of infirmities or executions of diagnostic or therapeutic procedures.	Prevention of disability or rehabilitation of the sick people.
Physical Education			
Physiotherapy			
Medicine			
Nutrition			
Psychology			

TABLE 1 shows that it is in the rehabilitation area that the biggest point of intercession is found among the analysed professions. It also shows that the Physical Education has a larger field of work in the prophylaxis in the same way that the Medicine has its larger field of work in the rehabilitation. It's important to observe that in relation to the prevention of the evolution of the infirmity all the categories can and should act with the same intensity. In addition to the very intercession, there are also points of crossed intercessions, as shown in the following diagram:

DIAGRAM 1 Analyses of the points of intercession in the sites of intervention of the Areas of Health

Competences



Areas of Intervention

DIAGRAM 1 it can be clearly noticed the moments of intercession of the areas of Physical Education, Physiotherapy, Medicine, Nutrition and Psychology, as well as the points of intercession of the other areas with the Physical Education.

Thus, as shown in TABLE 1 and in DIAGRAM 1, the five categories participate in this crossing among the professions and are in these points the rise of some discord among the areas.

The conflicting points between the Physical Education and Physiotherapy are present in the Labor Gymnastics, in the physical evaluation, in the prescription of exercise, among others.

The labor Gymnastics is a set of practices, performed in the workplace, elaborated with the aim to reeducate the posture, the stress relieve among other benefits, preventing health problems. It, usually, has as basis stretching techniques, strengthening and relaxation.

According to this definition of Labor Gymnastics, for its preventive feature, it's an attribution of the Physical Education Professional, as consisted in the Documento de Intervenção do Profissional de Educação Física (document of intervention of the professional of physical education), resolution CONFEF n. 046/2002 and also in the Diretriz Curricular (curriculum guidelines), resolution CNS/CES n.7/2004.

However, with the increasing demand for market due to the awareness of the importance of the benefits of the prevention, Physiotherapy professionals have everyday more performed in this field.

It's important to notice that the line that delimits the two working fields is very thin, but the physiotherapeutic procedures aim to act on kinetic-functional pathologic alterations and its psychic and organic repercussions, that is, in the caring and treatment of the injuries already established. Such analysis observing also the Documento de Intervenção do Profissional and the Diretriz Curricular that regulate the Physiotherapy profession.

In a multiprofessional team the procedure is the work together for the sake of a person who will be accompanied, however, respecting the limits of working field of each area.

The same situation occurs with professionals of Medicine, Nutrition, Psychology, all healthcare professionals.

In the case of the Medicine there is a divergence even to accept the other professions as belonging to the health sector, since according to Projeto Lei n. 025/2002 authored by the former senator Geraldo Althoff which instituted the Ato Médico (Medical Act), when used the term “non-doctor” the category distanced itself from the others and put itself in a position of superiority. This way, it doesn't acknowledge the importance of the other areas and increases its control over the job market.

The World Health Organization of the United Nations (UN) considers health as “a state of complete physical and social well being, and not merely the absence of disease or infirmity”. Thus, it's understood that a human being needs to be helped in several areas of their life to be considered healthy, justifying the necessity of multidisciplinary teams.

In a multidisciplinary team all the segments are equally important, since each one is qualified in its working area. And no profession is more or less relevant than the other.

The main conflicting point between the professionals of Physical education and Nutrition is in the prescription of diets by the former and the prescription of exercises and physical training to sportspeople by nutritionists.

With the help of the media, there is an increasing worldwide awareness with the improvement of the quality of life. Such improvements, only possible through the change of everyday habits and the main one is a healthy diet associated with the practice of physical activities.

In this case, there is a clear necessity of an assistance associated with the professionals of Physical Education and Nutrition. They're two procedures that should always walk hand in hand to achieve a significant result.

The search for a better performance and quick results in a gym sometimes induces the person to go after substances called ergogenics (such as anabolic steroids, stimulants and nutritional supplements). The use of these substances, as well as the absence of a proper diet to provide the needs generated by the execution of exercises, may cause irreversible harm to the health.

In a multiprofessional work it's important that the gyms have in addition to a professional of Physical education a nutritionist in its team, to orientate about proper food, prescribe diets and clarify about the use of food supplements.

In contrast, the nutritionist shouldn't go further than organizing a diet. He shouldn't organize a plan of physical activities, because they (the diets) may not achieve the expected results as well as cause irreversible injuries. This fact can cause serious harm to the physical and mental integrity of the individual, since each one has their own characteristics that need to be assessed, as well as receiving the interventions from a qualified professional.

And, to finish, it can be verified conflicting points between the areas of Physical Education and Psychology, especially in the field of sports psychology.

In an athlete body and mind must be in tune. It can be seen in the media, sports professionals talking about their goals, expectations, anxieties and motivations. All these elements are inherent to the psychic structure of the human being.

It's also common to find several cases of overcoming; both of people who overcame physical difficulties by the perseverance and motivation, and also of people beat their own emotional difficulties through the practice of physical activities.

In the Physical Education course there is a subject called Sport Psychology, but, in face of the complexity of demonstrated by its content, the knowledge offered is very generic. Such knowledge that doesn't meet the needs of sports professionals.

One more time, it can be seen the importance and the necessity of the implementation of a multiprofessional work that guarantees better performance of the athletes. In this specific case, the conflicting point is risen by the lack of professionals with qualification in the points of intercession. It's interesting to notice that, in this area, there is very little literature about it and an increasing demand for specialized professionals.

CONCLUSION

As we could notice, there are many intercessions among the areas of Physical Education, Physiotherapy, Medicine, Nutrition and Psychology. Therefore, many are the problems that have happened due to the crossed intervention of professions. Such problems can be justified by the short time of regulation of some of these professions, or also, by the old performance in the market of some professions, already regulated or not.

However, we could make evident that, despite the correct definition in their respective Documentos de Intervenção Profissional, some professionals and Conselhos (councils) insist on push the limits of what is guaranteed by law as free professional exercise of other areas, as the case of the draft law that regulates the Ato Médico (medical act).

We are aware of the fact that the universe used in our research is far from being just with everything that has been published. Although the production of texts about multidisciplinarity has increased a lot in the latest years, it's still little and not too

connected with the area of health properly, and nor to the area of education.

We hope that this current work may have fulfilled its role in the sense of contributing to a reflection by the professionals of the area of health concerning their performance and, specially, alerted them to demand from the responsible institutions that they take on their political role and be better informed in the defense and definition of the functions that they should accomplish.

We also hope to have demonstrated the importance of the multidisciplinary teams and exemplified both positively and negatively how this work together is essential these days.

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ANALYSIS OF COMMON AREAS OF EXPERTISE AMONG HEALTH PROFESSIONALS

ABSTRACT

The analysis of the areas of expertise among health professionals was made with the intention to better define the playing field of each professional and try to create a model of multidisciplinary team within the limits of each profession. We analyzed the legal issues of each profession with respect to their professional intervention in the labor market, as well as documents and bills that relate to the work of these professionals. The aim was to create an object of study and consultation to relate the professional regulations of some key areas of health and clarify the many disgruntled professionals, the subtle boundary between interdisciplinarity and the "crime" of professional, also citing the conflicting points these relationships.

KEY WORDS: intervention areas, interdisciplinarity.

ANALYSE DES ESPACES COMMUNS DE COMPÉTENCES ENTRE PROFESSIONNELS DE LA SANTÉ

RÉSUMÉ

L'analyse des domaines d'expertise entre les professionnels de la santé a été faite dans le but de mieux définir les règles du jeu de chaque professionnel et essayez de créer un modèle de l'équipe pluridisciplinaire dans les limites de chaque profession. Nous avons analysé les aspects juridiques de chaque profession à l'égard de leur intervention professionnelle sur le marché du travail, ainsi que des documents et des projets de loi qui ont trait au travail de ces professionnels. L'objectif était de créer un objet d'étude et de consultation pour relier les règles professionnelles de certains secteurs clés de la santé et de clarifier les nombreux professionnels mécontents, la frontière subtile entre l'interdisciplinarité et le «crime» de professionnels, citant également les points conflictuels ces relations.

MOTS CLÉS: espaces, l'interdisciplinarité.

ANÁLISIS DE LAS ZONAS COMUNES DE EXPERIENCIA ENTRE LOS PROFESIONALES DE LA SALUD

RESUMEN

El análisis de las áreas de especialización de los profesionales de la salud se hizo con la intención de definir mejor el campo de juego de cada profesional y tratar de crear un modelo de equipo multidisciplinario dentro de los límites de cada profesión. Se analizaron los aspectos legales de cada profesión con respecto a su intervención profesional en el mercado laboral, así como los documentos y facturas que se relacionan con el trabajo de estos profesionales. El objetivo era crear un objeto de estudio y consulta para relacionar las normas profesionales de algunas áreas clave de la salud y aclarar los muchos profesionales descontentos, el límite sutil entre la interdisciplinariedad y el "delito" de profesionales, citando también los puntos conflictivos estas relaciones.

PALABRAS - CLAVE: áreas de intervención, interdisciplinariedad

ANÁLISE DAS ÁREAS COMUNS DE ATUAÇÃO ENTRE PROFISSIONAIS DA SAÚDE

RESUMO

A análise das áreas comuns de atuação entre profissionais da saúde foi feita com a intenção de definir melhor o campo de atuação de cada profissional e tentar criar um modelo de equipe multidisciplinar dentro dos limites de cada profissão. Foram analisadas as questões legais de cada profissão com relação à intervenção de seus profissionais no mercado de trabalho, além de documentos e projetos de lei que se referem à atuação destes profissionais. O objetivo deste trabalho foi criar um objeto de consulta e estudo que relacionasse as regulamentações profissionais de algumas das principais áreas de saúde e esclarecesse aos muitos profissionais insatisfeitos, o sutil limite entre a interdisciplinaridade e o “crime” de atuação profissional, citando também os pontos conflitantes nestas relações.

PALAVRAS - CHAVES: áreas de intervenção, interdisciplinaridade.