31 - EPISTEMOLOGIC CONTRIBUTIONS OF IVAN CAVICCHI ABOUT THE CLINIC SUBJECT

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doi:10.16887/87.a1.31

INTRODUCTION

This article intends to present the epistemological contributions of Ivan Cavicchi, an Italian researcher and teacher of sociology and medicine philosophy, about the subject of the clinic from the National Health Service to think the subject of the good clinic from the Primary Healthcare (AB) and from the Family Health Support Center (NASF) of the Health Unique System (SUS). In the Brazilian context, the good clinic is understood as the one which guarantees health promotion, clinic (prevention and treatment) and rehabilitation of qualities (CAMPOS, 2016).

The visit to the work took place during the analysis of data from one unfolding of a state research underway, titled Social Impact of the More Medical Doctors Program in Santa Catarina, Brazil: realities and perspectives, developed by the University of Vale do Itajaí, SC, financed by the Scientific and Technological Research Support Foundation of the State of Santa Catarina/FAPESC and direct support of the State Health Secretariat/SES/SC, Brazil. The unfolding derived from a Master degree dissertation titled Social Impact of the More Medical Doctors for Brazil: a case study, with the proposal of learning the social impact that the arrival of a Cuban physician caused in a municipality with three thousand inhabitants that till then lacked medical assistance in the primary care service. Findings revealed , among other facts, that the production of bonds between the community and the Cuban physician occurred because the users recognized him as “another subject equal to us”: not a doctor, but “an other person who looks at us as an equal” (LIZ,2016): as citizen.

This finding raised a question about the use of the word “patient”: does the recognition of the subject to be cared as a patient, by the health professional, limit the bond construction and the citizenship production? Aiming to go deep into the question, we have visited the work Autonomia e Responsabilità, written by Ivan Cavicchi, edited by Dedalo, Bari, Italy, in 2007. The visit allowed to identify an interesting epistemic matrix, anchored in the historical process of the National Sanitary Service, the main Italian public health policy. The presented reflections can contribute for the labor process of AB and NASF professionals, that is, they can contribute for the labor process of the Physical Educator within the support actions for the family health (BRASIL, 2011; BRASIL, 2008).

DEVELOPMENT

Who is the clinic subject for Ivan Cavicchi in the context of the National Sanitary Service?

Cavicchi opens the book with a comment saying that the Italian medicine deontologic code excludes from its texts the word patient to denote the subject of care. Going back to the Italian sanitary history and conjuncture in 2007, the author refers that the patient “represents a political and social organization of the model […] of assistance, of medicine and of public health, represented by the term tutelage. The patient is the subject who grants the tutelage of his/her care to the caretakers and to the sanitary policies and, so, he/she accepts to be helped in a kind and parental way in a hierarchy of tutor-tutored, capable-incapable; “it is a social mediation” (CAVICCHI, 2007, p.12). The word patient has been historically charged of a unique strength in its intrinsic uniqueness while it reveals itself as donation, charity, tutelary protection, kindness.

The patient is a product of a clinic vision of the sick man and therefore of a (de)personalization of the subject and of his/her objectification while reduced to an object for knowledge purposes. “Based on this assumption, modern hospitals and sanitary institutions have emerged and, inspired on the experimental medicine precepts, they reduced the sick subject to a laboratory object” (CAVICCHI, 2007, p. 42

In the moral dimension, the patient is the subject who must bear the moral consequences of the disease whose determination, before being social, is moral since he/she interprets the sickness from the temporal and cultural point of view as guilt, regret and redemption. In the natural dimension, the patient is the subject who must accept nature laws and, above all, his/her mortality fate. In the scientific dimension, the patient is the subject who is reduced to disease, to object of scientific knowledge and studied as such.

The author reports that the sociological literature has shown in the last decades the transformation of the patient´s social figure in the same way the Italian physicians, sanitary administrators and politicians changed. The important thing, in his point of view, is not to demarcate timely when such changes occurred, but “how one can deduct other changes from these changes, by enlarging the understanding that such changes represent deep ruptures and cultural re-discussions” (CAVICCHI, 2007, p. 12). In this regard, it is about a social and historical fact that burst in the daily setting of the public health in Italy and generated a transformation in the traditional tutelage model: the arrival of the demanding subject in the place of the patient.

In order to talk about this social and historical fact, the author resorts to the changes occurred on the level of rights, emancipation processes, communication means, democracy development, culture, sciences and information, reforms that have been made and not made, secularization, multiethnicity of modern society, among others.

Regarding the concept of health asset, Cavicchi signals that the health asset concept differs between the patient and the demanding subject. For the patient, the health asset is expressed in the conquest of disease absence; on the other hand, for the demanding subject, the health asset involves the materialization of “good life” which is contracted through the payment of taxes (CAVICCHI, 2007, p. 15).

The reading led to the understanding that the Italian patient “became free from his/her original paradigm”, that in the path of history had been interpreted in several ways, and turned into a demanding subject. Demanding meaning to require the right to health as a demandable right” (CAVICCHI, 2007, p.12). It is worth highlighting that he points out that there is no implicit connotation of arrogance in the use of the word demanding to represent the subject whom the actions are addressed to. He comments that the corresponding verb to the concept of demanding – esigere – to demand – carries the particularity of representing the idea of something that one asks for, with strength and authority, something that is due. However, in this case, it does not express arrogance because it designates the subject that demands the guarantee of his/her acquired social rights.

“The right to health [...] is one of the main needs of the modern society and of the citizenship”. But, what does it mean from the political point of view? It means that the citizenship demand, in the context of the Italian life, represents that […] “in the primary meaning of being […] over the course of time, the citizen has conquered an authority”. For the demanding subject, the right to health is expressed as a political demand, as a right to claim the satisfaction of his/her demands. It is an exercise of authority.

For the author, the distinction between patient and demanding subject is established by the authority degree. The

demanding subject translates the power that has been awarded by the acquired rights. “The demanding subject does not have strength, but the right to claim the satisfaction of his/her demands” (CAVICCHI, 2007, p. 75).

The primary basis of the authority principle of the demanding subject lies in the conquest of health as a right expressed in Article 32 of the Italian Constitution and in the conquest of the National Sanitary Service (SSN – the Italian “SUS”), in 1978.

From the political point of view and considering that the patient shows himself/herself to the services as a demanding subject, the health asset has “a value that contemplates […] expectancies […] of respect and dignity”. In this case, the health asset becomes a moral and ethical asset (CAVICCHI, 2007, p. 17). The concept of asset for the demanding subject is composed of two dimensions: the institutional dimension (where the demanding subject sees the institution that offers a sanitary asset as a scientific, technical, organizational and technological reality); and the social dimension (the demanding subject, above all, makes a social proposal for himself/herself: of becoming a subject with the right of having preferences and of claiming for something bigger, the “good life”) (CAVICCHI, 2007, p. 15).

The demanding subject sees himself/herself as a citizen and, if sick, he/she continues to perceive himself/herself as a citizen, unlike the patient that submitted himself/herself to give up this condition, i. e., “the patient condition voids the citizenship condition” (CAVICCHI, 2007, p. 42). He/she recognizes that he/she is a tax payer since he/she pays through the federal revenue his/her social contribution to finance the Health Service.The demanding subject knows that he/she pays the obligatory taxes – true social taxes -, that correspond to a kind of social contract of the welfare type with the purpose of generating resources so that the health benefits be guaranteed to him/her when he/she becomes sick. The citizen is therefore “the condition on which the demanding condition is founded” (CAVICCHI, 2007, p. 42).

On the author´s vision, the health issue refers to the democratic cause in the form of non-unilateral responsible decisions. The demanding subject is the citizen that claims for the definition of new forms of shared decisions. It is not by chance that many family physicians have told for many years about the “agreements” made between them and the cared subjects (CAVICCHI, 2007, p. 44).

A difference between the patient as “clinic object” and the demanding subject as “citizenship subject” is that for the first, the citizenship is imposed as duties, moral obligations, of the sick person or of the institution; for the second, the citizenship is imposed as rights (CAVICCHI, 2007, p. 43). The proposal of the demanding subject, as per Cavicchi´s point of view, is that of a citizen who is a community member, a subject for whom rights and duties coexist, convinced that the sphere of his/her duties regarding health is equally as important as the sphere of his/her rights and the sphere of the cared person, when sick.

The demanding subject is also a consumer. It is worth stressing that consumption is not understood here as a market product, that is, the demanding subject-consumer is not the same consumer of the economic theory. Consumption, in this perspective, is seen “as the human productive capacity and as the reproduction cost of the labor force”: in the ambit of health, it is a concept that stresses the aspects of subsistence; thus, it is about a necessary consumption, comparable to all the assets that are essential to survival. “It is within this understanding – of subsistence and survival – that the demanding subject is, in fact, a consumer of indispensable assets” (CAVICCHI, 2007, p. 37).

The fact is that “the patient, who has been brutally considered ´assisted´, is not considered an ´intervention object´ anymore, but that one who is ´actively´ willing to perform as an interlocutor. An agent, thus. It is inevitable that the agent – the (former) patient – be seen in an enlarged way, in his/her relations with close persons, from his/her region, from his/her community, since he/she is a subject-agent, a human being in social relation; but much more than that, in this case, such relations are considered ´social capital` (CAVICCHI, 2007, p. 48).

“The demanding subject-agent is mostly seen as communities”, that is, as groups of subjects who share the same disease, get information on the internet and dialogue with other sick persons on a network with the objective of constructing a community of interest. Therefore, it is about a subject inserted in a relation, as a single subject but belonging to a group at the same time, with a new power of making contracts and a new relation ability in continuous evolution. (CAVICCHI, 2007, p. 50).

In view of his/her relations with himself/herself and with the world, the demanding subject is also a person: “only a person (sick or not) who can be a subject of relations and only a subject (sick or not) who can be a person” (CAVICCHI, 2007, p. 65).

Although the emergence of the Italian demanding subject, as a guarantee of selfcare, is a fact, Cavicchi stresses that the National Sanitary Service does not recognize the health asset in the same way as the Italian society (of demanding subjects) recognizes it. He comments that the priority objective of the Italian regional sanitary administration agencies should be elected by those who finance them: the society. However, since the Italian State made an option for an administrative sanitary reform called De Lorenzo Garavaglia, in 1992, its objective has been “reducing wastes and inefficiencies” (CAVICCHI, 2007, p. 20). In his opinion, the reform should have foreseen the patient´s changes to be able to reform the sanitary consumption, the use of assistance, and, next, the structure of offer and the productive modalities. Nevertheless, a decision has been made for another way to contain expenditures from the needs of the demanding subject. Regional agencies were created, from a mistaken assumption: to replace the welfare system (brilliantly conquered by the Italian Sanitary Reform, in 1978, that gave origin to the National Sanitary Service) by the economic management. “Exactly for this reason, the reform arises with an (anti)demanding function” (CAVICCHI, 2007, p. 28). Conflicts and tensions are, therefore, also a fact.

This is the great problem with the National Sanitary Service, as per Cavicchi: there was a fracture between the health needs and the sanitary expenditure; “today [2007], the expenditure simply represents an offer where our poor demanding subject cannot recognize himself/herself; […] it is made available to the demanding subject everything that would contemplate a patient, thus, everything that is useful, advantageous and rationally economic and deeply inappropriate; the administration agency offers, in practice, its health conception and the demanding subject is the one who suffers from this offer” (CAVICCHI, 2007, p.29). But, he/she exists! The Italian demanding subject exists because “the figure of the patient does not exist anymore”. There is no doubt that out of the culture, that has been spread, emerges a “sick subject” who is different culturally speaking, “who refuses passivity, loneliness, delegating to others, trust and ignorance”. He/she refuses his/her former condition (CAVICCHI, 2007, p. 51) and the services do not have another path unless recognizing him/her as a subject demanding his/her rights: recognizing him/her as a citizen.

FINAL CONSIDERATIONS

Although the National Sanitary Service has limits, its political, economic and institutional sustainability and the emergence of the demanding subject in the Italian society are facts. In Brazil, in contrast, we experiment the negation of such facts, besides a process of incipient and fragile citizenship. In this sense, this epistemic matrix of patient/demanding subject, elaborated by Ivan Cavicchi, is opportune to think about the subject of AB, NASF and SUS good clinic, as far as it widens the sociological health horizon and it stimulates the historical patience.

Keywords: Epistemology in health; Care rendered to the patient; Health Unique System.

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Abstract

This article intends to present the epistemological contributions of Ivan Cavicchi, an Italian researcher and teacher of sociology and medicine philosophy, about the subject of the clinic from the National Health Service to think the subject of the good clinic from the Primary Healthcare (AB) and from the Family Health Support Center (NASF) of the Health Unique System (SUS). The visit to the work took place during the analysis of data from a state research underway, titled Social Impact of the More Medical Doctors Program in Santa Catarina, Brazil: realities and perspectives, developed by the University of Vale do Itajaí, SC, financed by the Scientific and Technological Research Support Foundation of the State of Santa Catarina/FAPESC and direct support of the State Health Secretariat/SES/SC, Brazil. It was found out that the Italian patient has become free and demanding over the historical process of the National Health Service. It was concluded that the construction of bond and the production of citizenship find favorable conditions to materialize within the condition of a sanitary society formed not by patients, but by demanding subjects who are aware of their right to health. It is a challenge for Brazil. Yet, it is a challenge for users and professionals from the Primary Healthcare and the Family Health Support Centers of the Health Unique System.

Key words: Epistemology in health; Care rendered to the patient; Health Unique System.

CONTRIBUTIONS EPISTEMOLOGIQUES DE IVAN CAVICCHI SUR LE SUJET DE LA CLINIQUE

Résumé

Cet article a pour objet de présenter les contributions epistemologiques de Ivan Caviccgi, chercheur et professeur italien de sociologie et philosophie de médecine sur le sujet de la clinique du Service Sanitaire National pour penser le sujet de la bonne clinique de l´Attention de Base (AB) et de la Cellule d´Appui a la Santé de la Famille (NASF) du Système Unique de Santé (SUS). La promenade dans son oeuvre a eu lieu à l'occasion de l´analyse des données d´une recherche de l´État en marche intitulée Impact Social du Projet Plus de Médicins à Santa Catarina, Brésil : réalités et perspectives, developée para l´Université du Vale do Itajaí, SC, avec le financement de la Fondation de Soutien a la Recherche Scientifique et Technologique de l´État de Santa Catarina/FAPESC et avec le soutien direct du Secrétariat d´État à la Santé, SES/SC, Brésil. Il a été constaté que le patient italien s´ést emancipé et il est devenu exigeant au cours du processus historique du Service Sanitaire National. Il a été conclu que la construction d´un lien et la production de la citoyenneté trouvent des conditions favorables pour se matérialiser dans la condition d´une société sanitaire formée pas par des patients mais par des sujets exigeants sur son droit a la santé. C´est un défi pour le Brésil. Un défi pour les utilisateurs et les professionnels de l´ Attention de Base et des Cellules d´Appui a la Santé de la Famille du Système Unique de Santé.

Mots clês: Epistémologie en santé; des soins donnés au patient; Système Unique de Santé.

CONTRIBUCIONES EPISTEMOLÓGICAS DE IVAN CAVICCHI SOBRE EL SUJETO DE LA CLÍNICA

Resumen

El artículo tiene por objetivo presentar las contribuciones epistemológicas de Ivan Cavicchi, investigador y profesor italiano de sociología y filosofía de medicina, sobre el sujeto de la clínica del Servicio Sanitario Nacional, para pensar el sujeto de la buena clínica de la Atención Básica (AB) y del Núcleo de Apoyo Salud de la Familia (NASF) del Sistema Único de Salud (SUS). El recorrido por la obra ocurrió en ocasión del análisis de los datos de una investigación estatal en marcha, titulada Impacto Social del Programa Más Médicos, en Santa Catarina, Brasil: realidades y perspectivas, desarrollada por la Universidad del Vale do Itajaí, SC, con financiamiento de la Fundación de Apoyo a la Pesquisa Científica y Tecnológica del Estado de Santa Catarina/FAPESC y con apoyo directo de la Secretaría de Estado de la Salud/SES/SC Brasil. Se constató que el paciente italiano se emancipó y se ha vuelto exigente a lo largo del proceso histórico del Servicio Sanitario Nacional. Se concluyó que la construcción del vínculo y la producción de la ciudadanía encuentran condiciones favorables para se materializar en la condición de una sociedad sanitaria formada no por pacientes sino por sujetos que exigen su derecho a la salud. Un desafío para Brasil. Un desafío para los usuarios y profesionales del Cuidado Básico y de los Núcleos de Apoyo a la Salud de la Familia del Sistema Único de Salud

Palabras-clave: Epistemología en salud; cuidados prestados al paciente; Sistema Único de Salud.

CONTRIBUIÇÕES EPISTEMOLÓGICAS DE IVAN CAVICCHI SOBRE O SUJEITO DA CLÍNICA

Resumo

O artigo intenciona apresentar contribuições epistemológicas de Ivan Cavicchi, pesquisador e professor italiano de sociologia e filosofia da medicina, sobre o sujeito da clínica do Serviço Sanitário Nacional, para pensar o sujeito da boa clínica da Atenção Básica (AB) e do Núcleo de Apoio Saúde da Família (NASF) do Sistema Único de Saúde (SUS). O passeio pela obra aconteceu na ocasião da análise dos dados de uma pesquisa estadual em andamento, intitulada Impacto Social do Programa Mais Médicos, em Santa Catarina, Brasil: realidades e perspectivas, desenvolvida pela Universidade do Vale do Itajaí, SC, com financiamento da Fundação de Apoio à Pesquisa Científica e Tecnológica do Estado de Santa Catarina/FAPESC e apoio direito da Secretaria de Estado da Saúde/SES/SC, Brasil. Apreendeu-se que o paciente italiano emancipou-se e tornou-se exigente, ao longo do processo histórico do Serviço Sanitário Nacional. Concluiu-se que que a construção de vínculo e a produção de cidadania encontram condições favoráveis para se materializar na condição de uma sociedade sanitária formada não por pacientes, mas por exigentes de seu direito à saúde. Um desafio para o Brasil. Um desafio para usuários e profissionais da Atenção Básica e dos Núcleos de Apoio à Saúde da Família do Sistema Único de Saúde.

Palavras-chave: Epistemologia em saúde; cuidados prestados ao paciente; Sistema Único de Saúde.