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Politicization of Health Care and the Health Care Work Process: Knowing how to Give Better Health Care, to Treat to Confront, to Treat for Emancipation

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Pires MR. Politicidade do cuidado e processo de trabalho em saúde: conhecer para cuidar melhor, cuidar para confrontar, cuidar para emancipar.

[Politicization of Health Care and the Health Care Work Process: Knowing how to Give Better Health Care, to Treat to Confront, to Treat for Emancipation].

Ciencia & Saúde Coletiva (Río de Janeiro, Brasil) 2005 Octubre-Diciembre; 10(4): 1025-1035.

Objectives: To indicate the applicability of the politicization of care on the job process of health professionals, emphasizing their emancipatory abilities.

Methodology: Analytical interpretation.

Results: The politics of health care is to act to resolve the disruption between aid and power. Its application in the work of health professionals is to empower the autonomy of patients. The author first analyzes the biological, phenomenological and philosophical aspects of the politics of care; then, she examines its uneven application in the health care model and its emancipatory capacity.

The biological dimension describes the aid-power relationship as tense; on one hand, aid is hampered by the biological characteristics of gregarious and cooperative processes that are also notoriously competitive; on the other, care is exercised under a coercive power barely visible. The phenomenological dimension explains health care as part of human nature. Finally, the philosophical dimension identifies the management of health care as punitive and shaped by designs of capitalism. The aid-power relationship has internal biopolitics that facilitate autonomy and provide better care. For the author, in capitalism the exercise of power in the health care model is hegemonic, unjust and inequitable. The care is institutionalized with rules, techniques and routines; it creates disputes between patients and professionals. In light of this discussion, the author proposes the modification of the model through the application of the emancipatory triad, which introduces disruptive dynamics into the relationship by using the following premises: knowledge for giving better care, to care about challenges, and care that fosters empowerment.

The first assumption shows three capacities: to describe the socio-historical context of aid-power; to analyze health actions; and to examine the dimensions of the health-disease process. The second stage enhances individual and collective autonomies; uses formulations taken from social movements on public policy and rights; and facilitates dialogue weakening asymmetries of power. The third premise manages the autonomy of patients in the process of work with health care, and addresses health care in a multidisciplinary manner, and promotes self-determination and activism.

Conclusions: The author concludes that the politicization of health care changes the relationship between aid and power. She concludes that the disruptive dynamics of the emancipatory triad in health care results in several transformations within the relationship between professional and patient: the technician becomes politician, the administrative becomes decision maker, and the patient becomes citizen and the ill people in human being.