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Social Medicalization (II): Biomedical Limitations and Proposals for Basic Care in the Clinics

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Recommended Citation

Tesser, C. "Social Medicalization (II): Biomedical Limitations and Proposals for Basic Care in the Clinics." (2008).
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DOCUMENT CUCS # 44B

ISCE200610(20)Tesser (EA)

Tesser C. Medicalização social (II): limites biomédicos e propostas para a clínica na atenção básica. [Medicalización social (II): límites biomédicos y propuestas para la clínica en la atención básica]. [Social Medicalization (II): Biomedical Limitations and Proposals for Basic Care in the Clinics]. Interface-Comunic, Saúde, Educ (Botucato, Brasil) 2006 September-December; 10(20):347-362.

Objectives: To analyze how doctors and health officials contributed to the construction of technical-philosophical guidelines that generated high levels of *medicalization* at the micro-social level in the basic health services in Brazil.

Methodology: Interpretive Analysis

Results: This article discusses the limitations of the biomedical knowledge/practices and their influence on the creation of autonomy in the users. The knowledge and practices considered are related to prevention and therapeutics. For the author, social *medicalization* destroys autonomy in the individual health-sickness process and it generates an infinite demand on health services. This significant increase in demand is a challenge in Brazil for the United System of Health (Sistema Unico de Salud).

The author suggests, among other things, the systemization of diagnostics and its ontological risk; fighting authoritarianism and the obsession with disease control by the doctor; bio-medical dogmatism and the tendency to prioritize therapeutics as a treatment.

Conclusions: The author concludes that the technological interventions of bio-medical knowledge and its cognitive operations contribute little to the autonomy of the patients. Face to face with these limitations, he suggests a review of the meaning of bio-medical knowledge and the “healing” function of health teams, as a mission to reconstruct individual autonomy and to take preventative health measures in the face of lived events and illness diagnosis.