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Health and Democracy in Brazil: Public Value and Institutional Capital in the Unified Health System

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Fleury S. Salud y democracia en Brasil: valor público y capital institucional en el Sistema Único de Salud. [Health and Democracy in Brazil: Public Value and Institutional Capital in the Unified Health System.] Salud Colectiva (Buenos Aires, Argentina) 2007 mayo- agosto; 3(2):147-157.

Objectives: This paper looks at the Unified Health System in Brazil, evaluating the progress and contradictions that arise in the differential dynamics of each of the processes that compose it.

Methodology: Analytical and interpretive.

Results: The author begins with the historical background of social protection development in Brazil from the beginning of last century until it was amended by the 1988 Federal Constitution. The author proposes to divide Brazilian social protection into two models: the welfare model and the model of social insurance. The 1988 Constitution advanced, among other things, on the introduction of the concept of universal social rights as part of the condition of citizenship; on the subordination of private practices to their relevance; on the assumption of publicist perspective in the co-management of government and society; and ultimately, on the establishment of an institutional decentralized agreement. The author points out that health reform is a project that has prospered in the wake of the mixed crisis of knowledge, medical practice, authoritarianism, population health, and the system of delivering services. She indicates that the health movement emerges stronger from the crisis of the so called "commodified medicine" as well as its inefficiency.

The author points out the theoretical foundations that allow the adoption of a political strategy for constructing the reform as well as the outcomes that result from such theoretical constructions.

The author finds that the construction and implementation of health reform is built through three processes: a) the subjectivation, related to the construction of individuals as political subjects, b) the constitutional adjustment, which refers to the granting of guarantees of social rights, and c) the institutionalization, which is linked to the development of institutional health care.

By reviewing these processes, the author finds advances and contradictions. She points out some risks: that the subjectivation had become individualism; that the constitutional adjustment had resulted in the hyper legalism of politics; and that institutionalization had implied bureaucratization of services.

Conclusions: To achieve the democratization of health, it is required, among other things, to substitute the healing model for a preventive model; to renew the professional ethics of the health system; and, ultimately, to reduce dependence on inputs and drugs that are in the hands of large corporations beyond the control of national states.