

PRODUCTION OF CARE IN PRIMARY HEALTH CARE: A THEORETICAL-PHILOSOPHICAL UNDERSTANDING

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ABSTRACT

This is a theoretical-reflexive essay aimed at analyzing the production of health care in Primary Health Care from the theoretical-philosophical perspective of Gilles Deleuze, Félix Guattari and Michael Foucault, as a result of the need to deepen this theme on the theoretical-philosophical perspective. Starting from the understanding of care as a prescriptive and disciplinary act normalized by the professions, the present study emphasizes the understanding of care as an intersubjective encounter that generates new possibilities in health work, emphasizing also the primary health care as a recognized stage of subjective production of care. Thus, considering the philosophical perspectives of this study, it was found that there is a conception of care from a technical, prescriptive and normative point of view, following the logic of the model to which we are indoctrinated, as a result of processes no longer adequate for training and permeated by the capitalist model. We seek to re-signify health care practices by observing its intersubjective and potent process regarding the creation of new worlds, considering the freedom of the strengths that go through this process of freedom and of the subject's autonomy.

Keywords: Primary Health Care. Concept formation. Comprehension. Philosophy; Nursing.

INTRODUCTION

Primary Health Care (PHC) is recognized as a stage for intense production of care. As a leader in the access to health services in Brazil, PHC has been consolidating through the Family Health Strategy (FHS), which encompasses actions on promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance, performed by teams in a sanitary accountability process⁽¹⁾.

In this context, care appears as a potent act in the most different relationships that can be established among the different actors involved in the work process in PHC. Its concept is associated with ethics, cognitive and psychomotor skills, and with action on health and disease. By its very origin, health care instigates reflection, action and change in the disease cycle through its therapeutic intervention⁽²⁾.

As a result of a disciplined, hierarchized and constantly watched society, we are guided from the earliest age to the search for crystallized figures, that is, what is accepted within the normal standards. Even in the construction of our dreams we sometimes nullify

desires and seldom seek a look that enables us to see what lies beyond the scope of socially accepted forms and figures.

In this direction, the frameworks that accompany us in various aspects of our daily life stood out, as we adopt different ways of putting ourselves before the environments we occupy, either they are in the personal or work environment.

In this way, despite being an intrinsic act, health care is anchored in the prescriptive and instrumental bases of each profession. Although there has been the construction of new subjectivities, we still see the predominance of welfare practices based on productivism^(3,4).

Thus, given the complexity of the work process in PHC, to which is attributed the ability to solve most of the population's health problems, their units are the scene of many encounters between workers and users. Aiming to meet from the basic needs, such as a headache or a hypertensive crisis, to the complexity of acts of violence and sexual exploitation of children, care presents a polysemy of concepts ranging from professional care to the sociocultural dimension of otherness and the pluralities of care with life⁽²⁾.

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Thus, the discussion of care in the philosophical and subjective field is a daily necessity in the health sector in order to construct new directions of action for care based not only on the prescriptive standards of normalized care, but on new subjective and unique possibilities of care to the human being.

Considering the different ways of leading life in the production of oneself and in the world and given the authors' involvement in the processes of health training, SUS management and academic experiences, there has been prevalence of prescriptive care, which do not consider the singularities of subjects. Thus, starting from the crossings faced by professionals and users in the production of care in PHC, this essay aims to analyze the production of health care in Primary Health Care from the theoretical-philosophical perspective of Gilles Deleuze, Félix Guattari and Michael Foucault.

METHODOLOGY

It is a reflexive essay, since it allows an in-depth discussion of the thematic and presents the author's point of view, in addition to a dialogue with the literature, allowing to unravel it and look at a topic and analyze it in depth⁽⁵⁾. In this perspective, we present an understanding of health care based on a dialogical understanding of the philosophical texts, concepts and perspectives of authors such as Gilles Deleuze, Félix Guattari and Michel Foucault and other literatures in the field of collective health.

After previous readings of structuring works of these philosophers and other literatures, the authors of this work held a dialogue circle in order to seek the intended understanding through the dilation of the vibrating gaze and the exercise of correlation of the readings, as a possibility to analyze which is beyond the retina eye. In addition, they highlighted the conformation of the territories that are present in the production of care, crossed by the social, political, cultural and economic system, among others in its various manifestations⁽⁶⁾.

In order to better present the perspectives arising from that debate, the discussions are organized under three dimensions of care production analysis: the territory of primary health care, the protagonists of care and the subjects receiving care.

PRIMARY HEALTH CARE: A TERRITORY UNDER (DE)CONSTRUCTION

Incorporated as a structuring axis in the reality of the Brazilian health system, PHC has adopted new conformities, being implemented through the Family Health Strategy (FHS). Although instituted by a public policy, there are still great challenges regarding the models of care proposed in the scope of PHC and the practices carried out in the daily life of services, which are micro-political spaces of care production⁽⁷⁾.

Despite having a normative framework based on accountability, protagonism and production of autonomy of the subjects, PHC has been hampered by values that have produced a work process far from its essence, which sometimes is proven by its inefficiency and discredit, thus highlighting the many challenges that still permeate its implementation⁽⁸⁾, especially those related to the overcoming of the still hegemonic biomedical model.

Throughout the history of medicine, especially after the Flexner Report⁽⁹⁾, there has been the consolidation of a model of health care based on the biological body, in the logic of the manifestation of palpable signs and symptoms and possible medical intervention with the help of medicines and resources based on the use of hard technologies.

The historical process that involves this model of care clearly directed to the diseased body is rooted in the capitalist production pattern, aimed at mass service, production at scale and specifically directed at profit⁽¹⁰⁾. Thus, the ideological trend of capital over the production of care in collective health favors the use of knowledge as a power mechanism for the domestication of bodies⁽¹¹⁾, generating a focused attention on technologies, procedures, tests, medicines and, consequently, on profit.

In this way, we have witnessed the disseminated reproduction of the look directed at the diseased body, that is, at the body that escapes normality, to the detriment of the look directed towards the individual subject, perceived in their nuances, particularities and singularities⁽¹²⁾.

Therefore, the production of care follows the logic of attention directed to what is not right in the body, in the logic of the "body with organs", that is, in the set of functioning/working organs as a production machine, each organ with its utility by performing its functions. The organ is seen as a tool for something beyond itself, organized in such a way as to extract something useful, and what escape from this organization and function is understood as ill⁽¹³⁾. In the different care production scenarios, appreciating the other in their singularities is an important attitude for the production of quality care.

PROTAGONISTS OF CARE: OBSTACLES AND UNDERSTANDINGS

Perceiving the health care plan from the theoretical-philosophical point of view has led us to guide understanding through the macro and micropolitical dimensions, which define themselves and compose strengths that conform the social reality and generate conflicts in organizations in a permanent tension between the everyday practice and the instituted norms⁽⁴⁾.

In conceiving care beyond the prescriptive aspect, we are confronted with the Foucauldian analyzes on the birth of the clinics and the emergence of the hospital institution, a symbol of health care, in which physicians and other professionals are constituted in their territories of power, in a period of focus on the care of the compartmentalized body, which has been fragmented by the medicine of organs⁽²⁾.

Although we have experienced frustrating yearnings for overcoming the biologicist paradigm in the health area, especially in the primary health care services, the daily routine of these services need to include sensitivity and appreciation of the relationship between the worker and the user, where understanding and the recognition of the other as a being endowed with desires can arise. After all, professionals and patients are not fixed entities, crystallized in easily decipherable identities⁽¹⁴⁾.

There are, therefore, many postures offered and/or assumed by professionals and patients in the context of health practices⁽¹⁴⁾. With regard to the health workers who are the protagonists of prescriptive work, they respond to different ideological influences: capitalistic, which operates in the work process as organization lines of professional corporate interests; moralistic, which acts for the regulation of life according to hegemonic precepts of conduct in society and that establishes an appreciation on life according to one's obedience to these precepts; and the knowledge of science, which seeks to exercise control of bodies, as a disciplinary regime, dictating ways of living, operating in the logic of biopower⁽⁴⁾.

In this sense, the encounter of the professional with the user in the PHC suffers different influences, either they are produced by the equipment and medication industries or even by the production of needs in their interfaces with the policies, also highlighting the existence of competition and tensions in health work⁽¹⁵⁾.

Furthermore, the tensions reproduce the power relations like those defined by Foucault⁽¹¹⁾, that is, relations between two or more social actors, in which one's behavior is affected by the behavior of the other.

According to Foucault, there are no societies free of power relations, since individuals are the result of the power relations that affect them and that they externalize to the world⁽¹⁶⁾. And in the development of care production, professionals both exercise their power to discipline the bodies and also suffer interference with the forms of power exercised by managers and consumer agents, albeit indirectly.

There are also the influences of the constitution processes as a health professional, since these come, for the most part, from professional health training processes that are still based on the Flexnerian model and are focused primarily on the biological body, conceived as a set of organs and systems through the manifestation of signs and symptoms (of clinical and scientific - biologist - standardization and normalization)⁽¹⁷⁾.

In this perspective, professionals see the subject who seeks health care as the compartmentalized body, a body with organs. But what body is this? It is a body without order, without organization, with some dysfunction that seeks eagerly for consultations, prescriptions and procedures, although the PHC is a territory that gives priority to health promotion and prevention of diseases to the detriment of curative and rehabilitation actions.

Following this line of reasoning, the health care practice will try to reorganize this sick body as a way of resolving the existing demand. The way in which this attention will be based on the knowledge relation (that is, the professional's scientific knowledge) that gives them the power to determine what each individual should do in their therapeutic process. Thus, this interweaving of "power and knowledge" or "knowledge and power" will lead the professional to the relation of disciplining/shaping the subjects and educating these bodies, so that patients do what professionals want to, as fast and efficient as they determine, finally reaching submissive and docile bodies⁽¹¹⁾.

Thus, discipline is as a tool of educating the bodies, as an eternal and continuous surveillance of the subordinate individuals. There is a constant need to watch over patients, not to verify whether they have followed what was proposed, but to perpetuate a power hierarchy in the same way as the disciplinary processes of army soldiers occur. So, the individual becomes under the effect of being always visible and

watched, to the point where the total and automatic operation of power is ensured, which is called the Panopticon effect⁽¹¹⁾.

This logic of prescriptive care is still predominant. A crucially important aspect to be broken is present in the discussions of Deleuze and Guattari in outlining a new understanding of body based on subjectivities, a body without organs. For these authors, a body without organs is made in such a way that it can only be occupied and inhabited by intensities, produced and distributed in an intensive space, where the set of significances and meanings are removed⁽¹³⁾. This is a complex and subverted perspective, which distances itself from the subjective and phantasmagoric understanding of the subject, practiced by social psychology.

THE PATIENT SUBJECT: FROM EDUCATION TO CONSUMERISM

The characteristics imposed by receiving care is to bring to the scene the perspectives related to discipline and the established power relations that enable the visualization of intentionally built realities to determine behaviors and practices in the face of needs or even desires.

In the search to understand the current care production model and the strengths that operate in various orders, from the concept of health brought by the user, through the training of professionals, to the role of the State in the provision of health services, and with the aim to broaden the understanding of the role of institutions constituted in a socio-historical way, we will seek in Foucault⁽¹¹⁾ the meaning of disciplinary power and its repercussions on the social organization.

In this context, it configures itself as the training of confusing, mobile and useless crowds of bodies and strengths for a multiplicity of individual elements, separate small cells, organic autonomies, genetic identities and continuities, combinatorial segments⁽¹¹⁾.

Foucault and Deleuze had already pointed out that we would experience the time of the controlling society. For them, instead of appropriating and withdrawing, the disciplinary control environments, presented by Foucault in *Discipline and Punish*, have as their main function to "train" to withdraw and to appropriate even more and better. He does not bind strengths to reduce them, on the contrary, he tries to bind them to multiply them and to use them in a whole. As a consequence, they stay tied to the standards and crystallized truths, influenced by the power of some

social machines, with emphasis on the role of the media, an instrument of the control society that focuses directly on the bodies and minds, in the social life as a whole, producing subjectivities⁽¹⁵⁾.

Subjectivation processes that most often capture the subjects by their needs and desires, making them unconscious to the production of molecular revolutions capable of supplanting the control devices and escape from the logic imposed by contemporary capitalism, as Deleuze states⁽³⁾. These desires are treated as positive intensities that act in an unconscious dimension, which brings together affectivity, impulsiveness, collective assemblages and the very transformation of reality. And although we may point out here that all experience a desiring life, it is worth noting that the needs do not awaken desires, but derive from them^(18,4).

Therefore, we understand that, in addition to a distinction between necessity and desire, there is also a differentiation regarding the theoretical approach when considering necessity as a human motivating element. As desiring bodies, they also present their health care needs, usually aimed at maintaining their survival or even in the quest for a purely biological heal of body, presenting themselves passively before the care processes "determined" by the owners of the knowledge/power over the body⁽¹⁹⁾.

This posture can be justified by the numerous obstacles that affect the subjects/patients, especially related to the environment in which they were constituted. In this sense, media capitalism becomes a major influencer of consumption patterns, whether of goods or services, through the construction of demands not only based on the biological manifestation of signs and symptoms but also on the influences manifested by desire, mainly by consumerism⁽³⁾.

It is a fact that the demand for the consumption of health services starts from the supply, so we can understand that nobody would demand for a service or product that supposedly does not exist. It is also due to the non-fulfillment of certain needs by other services, generating a consumer profile that does not interact with the service, becoming inert in their autonomy and consequently dependent on procedures and subject to the determinations of the producer and/or prescriber of care⁽²⁰⁾.

The subject/patient has been historically built around the disease, and health services were organized to meet the biological needs through the training, which over the years has become a consumer object.

FINAL CONSIDERATIONS

Approaching the theoretical-philosophical production of the authors in question and correlating them requires the recognition of a field that has the power to connect pluralism, subjectivation, assemblages and singularities, flows, the logic of event, the thought-action, the power relations and, above all, the movements and desires of each individual.

In the studies on health care, there is evidence of an approach focused on the conceptions and practices of health professionals, thus revealing a gap in the theoretical-philosophical knowledge about this theme in PHC. Thus, analyzing health care in the light of Foucault enables identifying care practices in PHC still anchored in the exercise of power over the body - a biopower. On the other hand, the framework of Deleuze and Guattari collaborates with the discussion of subjectivity as an essential element of care.

This range of possibilities of understanding enabled us, as subjects also involved in the production of PHC care, to analyze and reformulate dimensions of health care, broadening our view to see it as an intersubjective, dynamic and powerful process in the scope of creation and implementation of new practices,

considering the freedom of the strengths that go through this process, the respect for the autonomy and the subjectivity of the other.

As obstacles to the production of care in PHC, we could identify the technical training of professionals, the organization of care based on norms, protocols of health care in a productive, prescriptive and disciplinary way, as well as the concept of care for users who oscillate between the education and the consumption of health procedures as ways of receiving care.

Facing the analysis of understanding of health care in PHC, we find ourselves overwhelmed by the Cartesian model that presented itself as a limiting factor in the rupture of the retinal eye to the vibrating eye, which identifies the obstacles in the care processes arising from the current capitalist context. Thus, this essay may contribute to the awareness of professionals to the reorganization of work processes, recognizing the needs, desires and demands of the user in the perspective of constructing ways of taking care of the singularities and the processes of subjectivation, strengthening their autonomy and accountability in the production of care.

A PRODUÇÃO DO CUIDADO NA ATENÇÃO PRIMÁRIA À SAÚDE: UMA COMPREENSÃO TEÓRICO-FILOSÓFICA

RESUMO

Trata-se de um ensaio teórico-reflexivo com objetivo de analisar a produção do cuidado em saúde na Atenção Primária à Saúde na perspectiva teórico-filosófica de Gilles Deleuze, Félix Guattari e Michael Foucault, fruto da necessidade de aprofundamento na temática sobre a perspectiva teórico-filosófica. Partindo da compreensão do cuidado como um ato prescritivo e disciplinar, normatizado pelas profissões, o estudo ressalta a compreensão do cuidado como um encontro intersubjetivo e que gera novas possibilidades no trabalho em saúde, destacando ainda a atenção primária à saúde como palco reconhecido de produção subjetiva do cuidado. Assim, considerando as perspectivas filosóficas do estudo, observou-se que há a concepção de cuidado apenas do ponto de vista técnico, prescritivo e normativo seguindo a lógica do modelo que estamos doutrinados a seguir, fruto de processos não mais adequados de formação e atravessados pelo modelo capitalista que vivenciamos. Busca-se ressignificação das práticas do cuidado em saúde observando seu processo intersubjetivo e potente no que tange à criação de novos mundos, considerando a liberdade das forças que atravessam esse processo de liberdade e da autonomia do sujeito.

Palavras-chave: Atenção Primária à Saúde; Formação de Conceito; Compreensão; Filosofia em Enfermagem.

LA PRODUCCIÓN DEL CUIDADO EN LA ATENCIÓN PRIMARIA A LA SALUD: UNA COMPRENSIÓN TEÓRICO-FILOSÓFICA

RESUMEN

Se trata de un ensayo teórico-reflexivo con el objetivo de analizar la producción del cuidado en salud en la Atención Primaria a la Salud en la perspectiva teórico-filosófica de Gilles Deleuze, Félix Guattari y Michael Foucault, fruto de la necesidad de profundización en la temática sobre la perspectiva teórico-filosófica. Partiendo de la comprensión del cuidado como un acto prescritivo y disciplinario, normalizado por las profesiones, el estudio señala la comprensión del cuidado como un encuentro intersubjetivo y que genera nuevas posibilidades en el trabajo en salud, destacando además la atención primaria a la salud como escenario reconocido de producción subjetiva del cuidado. Así, considerando las perspectivas filosóficas del estudio, se observó que hay la concepción de cuidado solo desde el punto de vista técnico, prescritivo y normativo siguiendo la lógica del modelo que estamos doctrinados a seguir, fruto de procesos no más adecuados de formación y atravesados por el modelo capitalista que vivimos. Se busca ressignificación de las prácticas del cuidado en salud observando su proceso

intersubjetivo y potente en lo que se refiere a la creación de nuevos mundos, considerando la libertad de las fuerzas que atraviesan este proceso de libertad y de la autonomía del sujeto.

Palabras clave: Atención Primaria a la Salud. Formación de Concepto. Comprensión. Filosofía en Enfermería.

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