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EDITORIAL

VULNERABILITIES IN THE COLLECTIVE HEALTH CONTEXT: NURSING CONTRIBUTIONS, CHALLENGES AND PERSPECTIVES

Gabriela Tavares Magnabosco*

In 2023, the Unified Health System (*Sistema Único de Saúde*, SUS) will complete thirty-five years since its enactment in the 1988 Federal Constitution. In the many assessments carried out on the system over its almost four decades of existence, there are recurrent analyses that place side by side achievements and challenges, as well as advances and obstacles, in what it was conceived for: guaranteeing the right to health for the entire population[1]. Although much is said about the SUS as a State policy project, the system is, rather, the expression of a larger project, the Brazilian Health Reform, whose proposal formed the basis for the elaboration of the Social Security chapter in the constitutional text[1], whose Article 196 enshrined health as "a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of diseases and other health problems and at universal and equal access to promotion, protection and recovery actions and services".

It is there that an expanded conception of health was defined, linked to the idea of citizenship, indicating that the right to health went beyond the right to enjoy services. From this perspective, in addition to the central idea of the right to health as a citizenship right inherent to all, the notion is conveyed that the State is responsible for promoting health, protecting citizens against the risks to which they are exposed and ensuring assistance in cases of diseases or health problems.

Establishing a historical rescue of the right to health as a duty of the State, the creation of the SUS was a major movement for social inclusion and, in constitutional terms, it represented a political affirmation of the State's commitment towards the rights of its citizens[2,3]. Fulfillment of this political and social responsibility assumed by the State has repercussions in the formulation and implementation of economic and social policies aimed at improving the living and health conditions of the various population groups. This includes formulating and implementing policies specifically aimed at guaranteeing access by individuals and groups to health actions and services, which constitutes exactly the health policy axis, a set of proposals systematized in plans, programs and projects ultimately targeted at reforming the health services system, in order to ensure universal access and comprehensiveness of actions[4].

And, for that, according to what the analyses about these three and a half decades of the SUS show us, the guarantee in the Constitution, a valuable achievement for Brazilians, was indispensable, although not enough.

On the one hand, the advances achieved by the country's health system are undeniable. From outlining health awareness to its translation into policies such as the Family Health Strategy, with Primary Health Care expansion; programs such as Immunizations, Fight against Tobacco and HIV/AIDS; pharmaceutical assistance, with medication distribution; and high-complexity procedures such as organ transplants and cancer treatments, among other initiatives that resulted in a positive impact on the Brazilian population health indicators[1,5].

However, the project that the reformist movement had promoted pointed to the construction of a new level of civilization, which would imply cultural, political and institutional changes capable of making health viable as a public asset[1,2,4]. The advances competed with difficulties ensuring conditions for reducing inequalities and guaranteeing social justice, in order to achieve universality of the right to health in the country.

It is known that health is a social, economic and political issue and, above all, a fundamental

*Nurse. PhD in Sciences, Adjunct Professor at the Department of Nursing and at the Post-Graduate Program in Nursing at the State University of Maringá, Maringá/Paraná. E-mail: gtmagnabosco@uem.br. ORCID: https://orcid.org/0000-0003-3318-6748.

human right. In addition, we are aware that we live in one of the most unequal countries on our planet, and which has historically promoted the vulnerability of a large part of its population.

The idea of vulnerability emerged in the legal field as a way of recognizing situations of frailty that affect certain populations, mainly with regard to the non-guarantee of their civil, political and social rights.

In the collective health field, reflecting around the concept of vulnerability can promote renewal of the care practices, producing comprehensiveness and equality. Recognizing the complexity of the processes of psychosocial and environmental vulnerability of communities, groups and subjects, incorporating macro- and micro-political determinants that range from the social organization mode to daily dynamics and unique ways of life, allows strengthening their leading role, as well as mobilizing existing resources and potentialities in the territories[6,7].

Knowledge and debate about people's vulnerability allow for a broader identification of the health needs of the population, which is known to be marked by stigma, social exclusion and fear. They also make it possible to understand aspects inherent to the individual and to the contexts that condition greater susceptibility and death due to a given ailment, as well as the resources that the individual/collective has to face it, not limited to those of a physical, clinical and biological nature, but transcending to the economic and social scopes.

The importance of the Nursing role in this problem has been widely disseminated. This is because Nursing turns out to be a key actor in the process of assistance and management of care and health practices to the extent that it recognizes the individual as an integral part of a family, a community, an environment, which influences their physical and psychological conditions and that, most of the time, dictates their behavior and exerts an influence both on their principles and on their culture.

Nurses' practice is understood as a social one, that is, carried out based on the social health needs that arise at a historical moment; it is constituted and transformed in the dynamics of the relations with other social practices[8].

Thus, nurses' role has been constituting itself as an instrument for changes in health care practices in the SUS, responding to the proposal of a care model that is not centered on the clinic and on the cure or directed to specific and wealthy sectors in society but, above all, on care universality and integrality[9].

It is up to Nursing to broaden its perception in the collective health field practices with the purpose of identifying and creating opportunities for proposing joint actions in a comprehensive and integrated way, valuing the effective construction of teamwork, in order to promote health and face the barriers to providing care aimed at the real needs of the population. We have to understand that, in public health, we work with sectors of the population with very different social vulnerability degrees; therefore, equality must be the basis of our work. We have a duty to think about the extent to which we contribute, both as citizens and as health professionals, to reproducing and even expanding of these inequalities. In addition to always asking ourselves: Are we really protecting the health of the population or are we reproducing the inequality model? How to ensure that our practices/narratives do not corroborate with maintenance of an unequal society?

It seems that we are all more vulnerable when we do not act with planning inspired by knowledge of the reality. However, places are unevenly vulnerable. There are some that suffer almost no consequences. This inequality brings with it differences in this vulnerability, which not only have economic and physical aspects but also environmental, psychological and cultural dimensions. Therefore, in this context, we ask: How are health universalization, the right to health and the development proposed by the United Nations articulated based on its sustainable objectives? Which are the impacts of the different development models that we have had throughout history and what demands have they brought to public health? How to work and provide health care in such a way as not to contribute to reproducing inequalities or even to expanding them? How to structure efficient and democratic systems and services in the development context of our region? How to provide rights to people who are in a vulnerable situation? How to enforce the Constitution articles that establish universal and equal access to health?

All these questions and concerns require a deep reflection, not only on health and care practices but also on the nature of our own society, our development stage, and our ethical, social and economic characteristics.

In this context, thinking about nurses' role as social actors that trigger changes in health practices, enhancing operationalization of the SUS principles and guidelines, requires the creation of spaces that allow identifying and discussing practices in different contexts and needs of the Brazilian population[8,9]. This is because knowing the health problems and needs of the population, as well as the social determinants of the health and disease process, is a nurses' competence. And this competence demands the necessary knowledge to establish new relationships with the social context, recognizing the social organization structure and forms, as well as its transformations and expressions.

Developing listening skills, listening so that we can make ourselves available to understand, considering and looking with affection and compassion at others, understanding that people are unique and live under the influence of unique and disparate aspects that oftentimes place them in a situation of vulnerability and increased vulnerabilities. Recognizing that health is much more than not being sick: it means having the right to work, housing, food, education, leisure and other components of social well-being guaranteed.

It is also fundamental to emphasize the need to accept mutual vulnerabilities and dependence, not to stigmatize and incapacitate individuals and groups but to instigate confrontation and transformation processes. In this sense, it is a bet on the power of vulnerability, with the aim of opening cracks, admitting certain instability that, in some way, makes something unprecedented possible in health, in social assistance and in the various territories where it constitutes an indicator of social unfairness, injustice and inequality[7]. However, this inclusion and this perspective cannot be a mere discourse failing to produce concrete effects.

In view of this, it is believed that, from the beginning, Nursing professionals' training should be permeated by the permanent practice of reflecting on the problems that affect the social health reality, with a view to developing the necessary skills for decision-making in terms of the feasibility of individual and/or collective care from the perspective of comprehensive health care, involving health promotion and disease prevention actions in order to overcome the purely clinical approach, expanding and enhancing operationalization of the SUS principles and guidelines, based on the design of a care model guided by care integrality based on the conjunction of surveillance with assistance and collaboration between the health sector and citizenship, social assistance, justice and public safety, among other sectors[10]. The starting point is the premise of training professionals and promoting practices targeted at the SUS, adapting training and health activities to the Brazilian population needs and vulnerabilities.

From this perspective, Nursing can, in fact, act in favor of consolidating the SUS as a State public and social well-being policy, through the work of professionals committed to the implementation of a care model that favors access to citizenship and the full right of the population to universal, integral and equitable health.

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