



MAN WITH CANCER AND HIS RIGHT TO HEALTH IN BRAZIL

O HOMEM COM CÂNCER E SEU DIREITO À SAÚDE NO BRASIL

EL HOMBRE CON CÁNCER Y SU DERECHO A LA SALUD EN BRASIL

Jeferson Santos Araújo¹, Vander Monteiro da Conceição², Rafaela Azevedo Abrantes de Oliveira³, Carla Aparecida Arena Ventura⁴, Márcia Maria Fontão Zago⁵

ABSTRACT

Objective: presenting a reflection about the right to health of the man with cancer in Brazil. **Method:** a reflective study grounded in the literature about the historical aspects of the subject matter. **Results:** the discussion was organized in two axes: notes that boosted the right to health of the man with cancer and the right to health of the man with cancer in Brazil. It was observed that there were advances in policies related to men's health; however, many rights are still ineffective and do not specifically contemplate the male cancer. It is due to the adoption of behaviors related to male hegemony that men neglect the rights to health. **Conclusion:** we understand that the guarantee of these rights is tied to achievements and effective policies to men with cancer, with nursing contribution. **Descriptors:** Right to Health; Men's Health; Oncology Nursing; Masculinity.

RESUMO

Objetivo: apresentar uma reflexão sobre o direito à saúde do homem com câncer no Brasil. **Método:** estudo reflexivo alicerçado na literatura sobre os aspectos históricos da temática. **Resultados:** a discussão foi organizada em dois eixos: apontamentos que impulsionaram o direito à saúde do homem com câncer e o direito à saúde do homem com câncer no Brasil. Observou-se que houveram avanços nas políticas voltadas à saúde do homem, entretanto, muitos direitos ainda são inefetivos e não contemplam especificamente o câncer masculino. É devido à adoção de comportamentos relacionados à hegemonia masculina que os homens negligenciam os direitos à saúde. **Conclusão:** entendemos que a garantia desses direitos estão ligadas a conquistas e efetivação de políticas aos homens com câncer, com contribuição da enfermagem.

Descritores: Direito à Saúde; Saúde do Homem; Enfermagem Oncológica; Masculinidade.

RESUMEN

Objetivo: presentar una reflexión acerca del derecho a la salud del hombre con cáncer en Brasil. **Método:** un estudio reflexivo basado en la literatura acerca de los aspectos históricos de la temática. **Resultados:** el debate se organizó en dos ejes: las notas que impulsaron el derecho a la salud de los hombres con cáncer y el derecho a la salud de los hombres con cáncer en Brasil. Se observó que hubo avances en las políticas relacionadas con la salud del hombre, sin embargo, muchos de los derechos siguen siendo ineficaces y no contemplan específicamente el cáncer masculino. Es debido a la adopción de comportamientos relacionados con la hegemonía masculina que los hombres descuidan los derechos a la salud. **Conclusión:** entendemos que la garantía de estos derechos está vinculada a los logros y políticas eficaces para los hombres con cáncer, con la contribución de la enfermería. **Descriptor:** Derecho a la Salud; Salud de los Hombres; Enfermería Oncológica; Masculinidad.

¹Nurse, Doctoral Student of Sciences, Department of General and Specialized Nursing, School of Nursing of Ribeirão Preto, University of São Paulo/EEUSP, CNPq Scholarship Holder. Ribeirão Preto (SP), Brazil.. Email: jefaraujo@usp.br; ²Nurse, Doctoral Student of Sciences, Department of General and Specialized Nursing, School of Nursing of Ribeirão Preto, University of São Paulo/EEUSP. Ribeirão Preto (SP), Brazil. FAPESP Scholarship Holder. Email: vandermonteiro@usp.br; ³Nurse, Doctoral Student of Sciences, Department of General and Specialized Nursing, School of Nursing of Ribeirão Preto, University of São Paulo/EEUSP. Ribeirão Preto (SP), Brazil. FAPESP Scholarship Holder. Email: rafaelazevedo@usp.br; ⁴Lawyer, Doctorate in Administration, Professor, Department of Psychiatric Nursing and Human Sciences, School of Nursing of Ribeirão Preto, University of São Paulo/EEUSP. Ribeirão Preto (SP), Brazil. Email: caaventu@eerp.usp.br; ⁵Nurse, Doctorate in Nursing, Senior Associate Professor, Department of General and Specialized Nursing, School of Nursing of Ribeirão Preto, University of São Paulo/EEUSP, CNPq Scholarship Holder. Ribeirão Preto (SP), Brazil. Email: mmfzago@eerp.usp.br

INTRODUCTION

Thousands of men are affected by cancer every year worldwide and its signs and symptoms are often ambiguous, difficult of early treatment, presenting itself as a major challenge for modern medicine, becoming one of the responsible for increased mortality of gender.^{1,2}

In Brazil it is estimated that for the year 2014 and 2015, the incidence of specific cancers of man, except nonmelanoma skin will be: risk with prostate estimated 68.800 (22,8%) new cases per 100.000 men, followed by the penis and testicles, ranked by the institute, as other locations because of its low incidence, with about 37.520 new cases.¹ Therefore, male cancers are configured as a public health problem in Brazil and require attention by the health system. However, health services are offered in accordance with the demands that arise, which for men with cancer and highlighted through studies that there is a difficulty in interaction between the needs of this population and the organization of health practices due the invisibility of these subjects in the health promotion and prevention environments.²

We recognize that the man with cancer faces several barriers to maintaining his health, among which stand out the little access to information, lack of professionals, suitable environments for the treatment and not to search for health services for realization of his rights. Thus, it causes burden to his physical condition, emotional and social.

As nurses, the motivation for the development of this reflection comes from the quest for the defense of the health status of men affected by cancer as a right that is born from social rights, among which is the right to health, which is considered essential for the promotion of other fundamental rights, such as: education, food, housing, security, among others.

An important salvo about the issue of the right to health of men with cancer is that when we address this issue we are referring to terms involving, respectively, the proposal to hold legal protections geared to men's health and the search for optimal reach for completeness in care practices to ill health from cancer.

The right to health', this perspective can then be understood as a set of legal rules governing the government's activities, designed to order the protection, promotion and restoration of health and the organization

and functioning of health services;³ it is presented as a set of laws applying to activities whose purpose is reflected in the restoration and preservation of men's health, thus preventing their degradation.

Regarding the man with cancer, studies addressing the right to health are scarce and focus on the discussion of the right to health in general, not specifying the particular male nor man stricken with cancer. But the man with cancer, as well as any other subject ill also enjoys this right.³⁻⁴

We understand that men's health is not in the agenda of public policy priorities of health and is not the object of constant investigations if we compare women's health. However, one way to incite discussions on the right to human health with cancer certainly presents itself in thinking about health programs culminating in specific legal security of this population.

The purpose of this study is to present a reflection about the right to health of men with cancer in Brazil, in order to contribute with the nurses in the men approach for their assistance. To this end, we conducted a study grounded in systematic search of the literature on the subject, being consulted in the period of June to August 2014, documents from the José de Alencar Cancer Institute (INCA), of the Ministry of Health, in the database Latin American and Caribbean Health Literature of Sciences (LILACS) and PubMed, which allows access to bibliographic database of the National Medicine of the United States Library (MedLine).

♦ Notes that boosted the right to health of the man with cancer

When questions or described on the right to health of women with cancer, various aspects are identified, such as: campaigns, advertisements and ordinances aimed at defense, adherence to treatment and prevention of cancer; however: Why is it little discussed or identified about the aspects to male rights related to cancer health?

First, an argument can certainly point refers to the fact that historically, human health with cancer was not prioritized between public health policies. During the management of dictatorships there was no public participation in decision-making about health care priorities and human health was the margin of these discussions.⁵ This was only consolidated after more than 10 years after the implementation of the Single System Health (SUS) in 1990 by the enactment of the National Program for Prostate Cancer Control (PNCCP) in 2001 and the creation of the

National Policy for Integral Attention to Men's Health (PNAISH) in 2008.^{4,5}

In this time interval the men were deprived from health programs to prevent their cancers, getting the margin of integrity principles, and assistance to diseased restricted to urgent and emergency services, so health policies not signed the right to health with equal opportunities for defense and access to services for both genders.

Second, it is emphasized that the current public health policy until the early 90's was discriminatory, centralizing and excluding, excepting essentially health for a few. The right of access to this and for free was restricted to part of the working class and not legally supported the principle of universality to all.

Another highlight of this is the National Health Conferences, which could be presented with this scenario an important role in achieving the right to health of the man sickened by cancer as it would be for them that men could have claimed some rights and concerns related to health. However, this feature was not on the agenda in the speeches of speakers: health has been discussed and analyzed in general, which spurred the creation of several programs such as Health Care for Women, Children, the Elderly, the Primary Care, Oncology Care, but no specific to human health with cancer.⁵

While health is everyone's right and duty of the state, defended by the Constitution, human health with cancer remained forgotten for years, being legitimized only in 2001 with Law 10,289 which established the PNCCP and in 2008 with the PNAISH.⁶

The PNCCP established actions that link the legal protection of man with cancer in the following ways:

1) Development of institutional campaigns in the media with messages about what is prostate cancer and its prevention;

2) Establishing partnerships with the State and Municipal Health, placing it at the disposal of the male population above forty years old, tests for the prevention of prostate cancer;

3) Establishing partnerships with universities, organized civil society and trade unions, organizing debates and lectures about the disease and ways to fight and prevent cancer.⁷

The PNCCP only covers legal protection related to diseases of prostate cancer, leaving the margins of this discussion other types of cancers that specifically affect men as well as cancer of the penis and testicles, which were

not trimmed by any specific legislation by day today, that is, this policy does not advocate human health with integrally cancer.

These notes translated a long yearning of civil society in government recognition that men also suffer from specific cancers, and need to be supported legally, as well as women who conquered programs geared to female cancers such as breast and cervix.

♦ The right to health of the man with cancer in Brazil

With the launch of PNAISH there was the legal man's insertion to prevention and promoting health to cancer and other health problems, being aligned with the National Policy of Oncology Care (PNAO)⁸ implemented in 2005. The PNAISH establishes promotion, prevention, diagnosis, treatment, rehabilitation and palliative care, aimed at identifying the determinants and conditions of the main cancers that affect humans, going beyond the prostate cancer appointed in PNCCP.

This policy presents itself against the dominant vision of the man, of being strong, who does not take care of himself and do not get sick. Thus the PNAISH sought to break with the hegemonic masculinity paradigm precepts,⁹ recognizing the man as a subject of rights, and like other also need access to health actions and services.

Legally, men affected by cancer are not on the margins of their rights, because there was a breakthrough of policies over time, which brought guarantees and allowed their inclusion in this scenario. One example is a booklet released by the National Cancer Institute José Alencar Gomes da Silva (INCA) in 2009 on the social rights of people with cancer, in order to provide information such as sick pay, treatment away from home, serve the Fund Guarantee for Time of Service (FGTS) and Social Security.¹⁰ The booklet certainly represents an advance in the informational and legal achievements of these subjects, but focuses primarily on the discussion of financial attributes, ignoring features like guaranteed access to health services, equity, universality, among others.

As much as it may seem shy these inclusions of men to men's specific policies, these have become central to implementing policies for man with cancer; however, we understand that the right to health should not be defended only when the man has an acute health problem, but in his day-to-day. Recognize the right day-to-day is not an easy task, because usually men associate the right to laws and regulations; however it is a

political and social process, so it is constituted and often defended, not limited solely to the power of laws, since only the implementation of laws is not synonymous with guarantee health. Therefore, it is necessary to recognize that every people has a responsibility to defend their rights, because they are intrinsically linked access to promotion and prevention of their health-related health problems; so: Why is increasingly rare to find men in primary care units defending their rights in the use of promotional and preventive health care services for cancer? Credited with this reality, the behavior of defense of the sociocultural stereotype of masculinity man takes before society.

During construction and reaffirmation of his male identity across society, many men take on behaviors of the health risks and do not seek for health services that affect the realization of their rights. These behaviors out over the playfulness of being strong, player, virile, brave, not fitting in this range of possibilities considered feminine characteristics as the promotion of care for cancer prevention.⁹ It is precisely during this construction of the male stereotype that men define how they use and perceive their bodies, assuming a model of masculinity conceived by the social environment and shared among its members, who do not give space to the demand for assistance programs.⁸⁻⁹

Hegemonic masculinity, arising from the patriarchal and 'macho' culture, establishes practices based on beliefs and values of being a male.⁹ The cancer causes weakness to the body, which men do not recognize as inherent to their condition of life. Therefore, many consider themselves untouchable, not being subject to illness, thus exposing themselves to the risk conditions and legal invisibility.⁴

By taking the male stereotype, man is culturally charged by society to the overlapping of certain behaviors, such as to be protective and responsible for the financial maintenance of the family, the education of children and the health of all. In this context, the man incorporates such responsibilities to his loved and ends up neglecting the care for himself, to exercise his rights and duties for the prevention of diseases such as cancer. Thus, we understand that it is necessary to reflect the way men defend their rights is influenced by the set of meanings acquired in their life, from the early childhood experiences that dictate that men should behave solidly constructed by the rules, beliefs and values in effect, what do they

react in an absolutely personal way the disease, and consequently neglecting the defense of their rights to health.^{2,9}

Although there are advances as the dissemination of promotional materials such as Blue November, released by the Ministry of Health and other campaigns that emphasize preventive measures to male cancer, although there has been difficulties in access of men to health services, which hinders the implementation of PNCCP and PNAISH. We believe that the health care system faces barriers to making effective the rights to men's health with cancer due to low demand for such subjects. Therefore, you need to face them, but for this to occur, the male culture needs to be understood and taken into account in the surrounding discussions of public policies aimed at gender.

As to public policy, the PNCCP and PNAISH are the only health programs specifically geared to men with cancer in Brazil; and in both there is a description of recommended activities to establish their inclusion in this program, such as establishing partnerships with universities, organized civil society and trade unions, organizing itself debates and lectures about the disease and ways to combat and prevent it.^{6,7}

In this context, nurses as professionals responsible for health care on the other must inform and motivate men affected by cancer to engage in the realization of their right to health. Thus, health education practices can make men aware with cancer decisions about their illness and able to break with some behaviors that hinder access of these individuals to health services.

FINAL REMARKS

The right to health of the man with cancer, although guaranteed by the Constitution and reaffirmed in PNAISH and PNCCP, is not yet fully effected and not specifically address the problems of male cancers in all its aspects, since only the implementation of policies does not represent the only step to men's health warranty with cancer. It is an important step forward, but one needs to think of strategies that bring men closer to their body, their health and health services, so that none of the asserted rights to be neglected.

We point to the challenge and the need to include the man with cancer in the discussion focuses on Public Health Policy, since the hegemonic models of masculinity put him at risk for not defending his right to health.

It is vital that nurses, based on the principles and guidelines of PNCCP and PNAISH, orient their actions and health

Araújo JS, Conceição VM da, Oliveira RAA de et al.

Man with cancer and his right to...

services for the male population, in order to strengthen their presence in the health centers for the promotion, recognition and respect ethics and rights, according to their socio-cultural peculiarities.

This way, recognizing the challenges faced by the sickened, family members and health professionals, we do not intend to exhaust this discussion, but urging further reflections about the subject matter for the strengthening of information and defense of rights of the man with cancer.

REFERENCES

1. Ministério da Saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva (Brasil). Coordenação Geral de Ações Estratégicas. Coordenação de Prevenção e Vigilância. Estimativa 2014: incidência de câncer no Brasil / Instituto Nacional de Câncer José Alencar Gomes da Silva, Coordenação Geral de Ações Estratégicas, Coordenação de Prevenção e Vigilância. Rio de Janeiro: INCA, 2014.
2. Dazio EMR, Sonobe HM, Zago MMF. Os sentidos de ser homem com estoma intestinal por câncer colorretal: uma abordagem na antropologia das masculinidades. Rev Latino-Am Enfermagem [Internet]. 2009 [cited 2015 fev 03];17(5):664-669. Available from: http://www.scielo.br/pdf/rlae/v17n5/pt_11.pdf
3. Instituto de Defesa do Consumidor. Guia do direito a saúde: sistema público de saúde, medicamentos e planos de saúde. São Paulo: IDEC [Internet]. 2008 [cited 2013 dec 21]. Available from: www.guiadedireitos.org/downloads/guia_direito_saude.pdf.
4. Gomes R, Leal AF, Knauth D, Silva GSN. Sentidos atribuídos à política voltada para a Saúde do Homem. Cad Saúde Pública [Internet]. 2012 [cited 2015 fev 03];17(10):2589-96. Available from: <http://www.scielo.br/pdf/csc/v17n10/08.pdf>
5. Conselho Nacional de Saúde (BR). As conferências nacionais de saúde: evoluções e perspectivas. Brasília: CONASS [Internet]. 2009 [cited 2015 Dec 13]. Available from: www.conass.org.br/conassdocumenta/cd_18.pdf.
6. Ministério da Saúde (BR). Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes. Brasília: Ministério da Saúde; 2008.
7. Brasil. Lei n. 10.289, de 20 de setembro de 2001. Dispõe sobre a Instituição do Programa Nacional de Controle do Câncer de Próstata. Legislação Federal. 2001 [cited 2014 Sept 17]. Available from:

http://www.planalto.gov.br/ccivil_03/Leis/LIS_2001/L10289.htm

8. Ministério da Saúde (BR). Política Nacional de Atenção Oncológica. Portaria nº 2439/GM de 19 dezembro 2005.
9. Connell RW. Masculinities. 2nd ed. Berkeley: University of California Press; 2005. 324p.
10. Ministério da Saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva (Brasil). Direitos do Paciente com Câncer. Manual de orientação. 3rd ed. Rio de Janeiro; 2012.

Submission: 2014/03/03

Accepted: 2015/07/25

Publishing: 2015/08/15

Corresponding Address

Jeferson Santos Araújo
Departamento de Enfermagem Geral e Especializada
Escola de Enfermagem de Ribeirão Preto,
Universidade de São Paulo - USP
Avenida dos Bandeirantes, 3900 - Campus
Universitário
Bairro Monte Alegre
CEP 14040-902 – Ribeirão Preto (SP), Brazil