UNIVERSALITY AS A STRUCTURING PRINCIPLE OF HEALTH POLICIES: A REFLECTIVE STUDY

UNIVERSALIDADE COMO PRINCÍPIO ESTRUTURANTE DAS POLÍTICAS DE SAÚDE: ESTUDO REFLEXIVO

UNIVERSALIDAD: UN PRINCIPIO ESTRUCTURADOR DE LAS POLÍTICAS DE SALUD

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ABSTRACT

Objective: to discuss universality as a structuring principle of health policies. Method: this as a theoretical-reflective study using philosophical concepts as a reference to discuss the principle of universality. Results: society in the contemporary world is characterized by a paradox: on one hand, segments of society seek universality as a structuring principle of health policies; in practice, we perceive an abandonment of the sense of humanity with a lost sight of the completeness of the individual as a person. Therefore, we need to understand universality as a principle based on the non-exclusion of the right for freedom but strengthening this right with the search of subsidies to best implement it. Universality means making human rights concrete and positive. Conclusion: it was concluded that only in a universal health system, guaranteed by the State, we could contemplate a more solidary society, and thus see the true meaning of the principle of universality.

Descriptors: Universal Access to Health Services; Unified Health System; Health Policy.

RESUMO

Objetivo: discutir a universalidade como princípio estruturante das políticas de saúde. Método: estudo teórico-reflexivo utilizando-se como referencial as concepções filosóficas que discutem o princípio da universalidade. Resultados: a sociedade no mundo contemporâneo se caracteriza por um paradoxo: se por um lado segmentos da sociedade buscam a universalidade como princípio estruturante das políticas de saúde, na prática o que podemos perceber é o abandono do sentido de humanidade, perdendo-se de vista, a integralidade do ser enquanto pessoa. Assim sendo, precisamos compreender a universalidade, como princípio, tendo por base o não excluir o direito à liberdade, mas, fortalecer esse direito em busca de subsídios para melhor concretizá-lo. A universalidade significa tornar concreto e positivo os direitos do ser humano. Conclusão: encontrou-se que somente em um sistema de saúde universal, garantido pelo Estado, poderemos contemplar uma sociedade mais solidária, dando assim o verdadeiro sentido ao princípio da universalidade. Descritores: Acesso Universal a Serviços de Saúde; Sistema Único de Saúde; Política de Saúde.

RESUMEN

Objetivo: discutar la universalidad como uno de los principios estructuradores de las políticas sanitarias. Método: se trata de un estudio teórico-reflexivo empleando como referencial las concepciones teóricas que discuten sobre el principio de universalidad. Resultados: vivimos una sociedad que se caracteriza por una paradoja: si por un lado segmentos de la sociedad buscan la universalidad como principio estructurador de las políticas sanitarias, en la práctica lo que se puede percibir es el abandono del sentido de la humanidad, perdiéndose de vista, la integralidad del ser como persona. Así, hay que comprender la universalidad como principio, teniendo como base no excluir el derecho a la libertad, sino fortalecer este derecho en pos de fundamentos para concretarlo mejor, a partir de la adopción de medidas fomenten el derecho a la igualdad y fraternidad. La universalidad significaba convertir en concretos y positivos los derechos del ser humano. Conclusión: se concluyó que apenas en un sistema sanitario universal garantizado por el Estado, y enfocado en una visión del ser humano como persona en la que el foco es el bien colectivo, podremos contemplar una sociedad más solidaria, dando así el verdadero sentido al principio de universalidad. Descriptores: Acceso Universal a Servicios de Salud; Sistema Único de Salud; Política de Salud.

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INTRODUCTION

Universality, in the midst of a capitalist society, is a principle that aims to ensure that all individuals have access to basic services and actions considered basic such as education and health. Discussions on universality gain weight with the deepening of social inequality, which is the basis of capitalism, and the deepening and spreading of poverty in the working class.

The imperative moral to protect the working class from extreme poverty, disease, and disability, which would claim the necessary workforce for the development of industry, led Germany under the Bismarck government to develop State interventionist policies to redistribute income and compose a social security system for workers. This action that only starts focused to the working class guide projects for society as a whole and creates opportunity for the development of the Social Welfare State in Europe. In Brazil, the Welfare State emerges with the role to regulate some aspects related to the organization of workers of modern sectors of economy and bureaucracy. The creation of the Retirement and Pensions Institute, labor legislation and policy regulations in the areas of health, education, social assistance, welfare, and housing occurred between the decades of 30 and 70 in the 20th century. We can state that these are spaces for exercising universality by the federal government, which centralized the financial resources targeted to health policies, among others.

However, the opposite is observed because a Welfare State in Brazil was never properly established beyond the initial attempt as proposed in the 1988 Constitution and related laws, which never became an intrinsic part of the Brazilian reality. In Brazil, social policies are appalling and restrictive, and the Welfare State is directly linked to the citizenship rights. Thus, we can understand that social rights must not turn people into second-class citizens, as it happens in Brazil, where those who depend on the State may die waiting for assistance.

Therefore, it appears that in contemporary times, we live in a paradox society in which, if on the one hand, some segments of society seek universality as a structuring principle of health policies, on the other hand, it is observed that the limitation of financial resources directed to health increasingly requires the implementation of policies that are focused on some of the population’s segments. In this scenario, the controversial situation of health judicialization stands out and ensures access to the right of a privileged segment of the population to the right for those who can trigger the necessary legal resources.

The debate on universality as a structuring principle of health policies brings the discussion on the role of the State in capitalism: this should formulate social policies that reach everyone or should encourage certain segments of the population, especially the most excluded. It is known that the principle of universality for health care in Brazil is implemented against the neoliberal capitalism because while most first world countries started a process of dismantling the Welfare State in an attempt to adopt a neo-liberal State, Brazil invested, since 1990, in a public health system that has universality and equity as principles. This route resulted from a political and social movement named Health Reform, which assumptions are present in the formulation of the Constitution of 1988, where health is asserted as a right of all and a duty of the State.

The Article 196 in the constitutional text, which deals with the right to health, encompasses — the universal and equal access to the actions and services for its promotion, protection, and recovery and is corroborated by the Federal Law 8080/90 that regulates the Unified Health System (SUS). Therefore, it is understood that the principle of universality, if based on the appreciation of life in society, respecting the rights of citizens in the civil, social, and political levels, seeks to make these rights a solid reality. In addition, the rights of liberty, equality, and fraternity to any citizen are also assumed through the conditions that ensure justice before the law, the right to come and go, solidarity in helpless conditions such as unemployment, and health, education, social, welfare, and housing assistance.

Thus, the question is: why should health systems be universal? The identified response was: the search for a universal health system takes as fundamental principle, the social inclusion and social capital development, this latter being the scarcer capital accumulated by the Brazilian society. Hence, the design of a universal health care system indicates that one of the roles of the State is to protect the poorest segments in the population concentrating on them the public spending in health and education. We can understand these actions as positive discrimination, which approximates to the principle of equity and is part of the right to health.
Understanding that health is defined as quality of life dependent on various socioeconomic factors, it should be noted that just as health is a condition for the enjoyment of a dignified life, the satisfaction of other rights (welfare, food, clothing, housing, medical care, education, etc.) must be a *conditio sine qua non* for the citizen to have a healthy lifestyle because both are essential components of a comprehensive conception of health. Therefore, it is necessary to understand that health systems need to be universal in order to guarantee to all citizens the full exercise of their rights. In addition, the principle of universality is related to the most basic human right - the right to life. Thus, it is imperative that health systems be universal, whereas at the moment that access to services and health actions are restricted to any citizen, serious consequences for the health of the community and not just for the individual are produced.

**What is the meaning of universality?**

Health, in its expanded concept, should be ensured by means of social and economic policies that provide a reduced risk of diseases and other health problems, and provide equal and universal access to health services and actions in the search of promoting, protecting, and restoring quality of life for the citizen. However, in the context of the Brazilian health system, because health assistance is free to private initiative, this fact opens the opportunity for the formation of a system with a liberal character that favors the private sector making health care a commodity where the free and universal assistance only partially covers the marginalized segments in the social system.

The Government, despite the development of targeted policies through programs and strategies taken by the Union and sub-national governments in support of the implementation of universality to the economically poorest layers, has not been able to universalize the health care system as proposed by the Federal Constitution. Conversely, it has hampered its establishment by stimulating the market expansion of plans and health insurance for the average and the high layers of society, who consider that, when good service in the public health system is not available, eventually join private health plans.

The fragmentation of the SUS in a system for the poor and a system for the rich (mainly through responses to demands for costly medications and procedures) reproduces the fragmentation of society itself. It is noteworthy mentioning that the social class of higher purchasing power uses the public health system selectively, which has already been demonstrated in empirical studies. Most often this selective use is done through legal acts because the Justice understands the right to health as an individual right and acts on the basis of those who by having more information and resources, are able to activate it when they have their rights denied.

Another factor that also contributes to the maintenance of this inequality and affects the universality in the SUS is the prerogative of income tax payment deductions for private spending on health care. Thus, we can take this as a factor that may be contributing in stopping the principles of the SUS to be established. Considerable portions of the working population are integrated in the formal market and already linked to private health systems. This is a perverse mechanism that undermines the principles of social solidarity resulting from differences in interests according to quality of services and benefits, and ability to intervene. Therefore, faced with a reality in which the focus of the health care system is the individual, and not the person, we are witnesses of the loss of the sense of universality because there are privileges for different social groups and the attention to health care is not developed as a right of every citizen supported by the State as established in the Constitution.

**FINAL REMARKS**

Universality as a structuring principle of health policies is based on the value of solidarity. The establishment of this principle depends on the prerogatives that the State shall guarantee all citizens the right to health and not only the right of access to a health care system, and provide the means to ensure different human rights. To this end, socioeconomic factors and existing inequality between citizens must be taken into consideration. Thus, the extension of the SUS becoming an operatively universal system depends on how, collectively, a less unequal society is built. Therefore, no public health care system can disregard the principle of universality in order to be what it should be: for everyone and funded by all. The existence of a universal SUS depends on political action, which is the only space that one can build, collectively, the right of every citizen.
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