

# CRÍTICA REVOLUCIONÁRIA

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### THE HEALTH CARE NETWORK, INTERPROFISSIONAL PRACTICE AND CONTEMPORARY CAPITALISM

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#### Abstract

This essay has as its general objective to reflect on the importance of conjuncture analysis when carrying out a research, considering the relationship between State and capital in the contemporary crisis. However, there is also a need to carry out the analysis considering the modern capitalist context to which the care network is exposed, considering contemporary capitalism, very managerial in public health management and interprofessionality in the health care network. Since the Brazilian health reform, much has been heard about the Health Care Network, the Unified

Health System and interprofessionality. But little is said about the crisis of capitalism and the impacts of this crisis on public health. The essay derives from doctoral research. The objective is to analyze collaborative actions in teamwork. The expected results describe the intentionality of joint collaborative actions and contribute to the expansion of public policies to strengthen the SUS.

**Descriptors:** Conjuncture; Analysis; Capitalism; State; Interprofessionality.

<p><b>LA RED DE ATENCIÓN A LA SALUD, LA PRÁCTICA INTERPROFESIONAL Y EL CAPITALISMO CONTEMPORÁNEO</b></p> <p><b>Resumen:</b> Este ensayo tiene como objetivo general reflexionar sobre la importancia del análisis de coyuntura al momento de realizar una investigación, considerando la relación entre Estado y capital en la crisis contemporánea. Sin embargo, también existe la necesidad de realizar el análisis considerando el contexto capitalista moderno al que está expuesta la red asistencial, considerando el capitalismo contemporáneo, muy gerencial en la gestión de la salud pública y la interprofesionalidad en la red asistencial. Desde la reforma sanitaria brasileña, se ha hablado mucho sobre la Red de Atención a la Salud, el Sistema Único de Salud y la interprofesionalidad. Pero poco se dice sobre la crisis del capitalismo y los impactos de esta crisis en la salud pública. El ensayo deriva de una investigación doctoral. El objetivo es analizar acciones colaborativas en el trabajo en equipo. Los resultados esperados describen la intencionalidad de acciones colaborativas conjuntas y</p>	<p><b>A REDE DE ATENÇÃO À SAÚDE, A PRÁTICA INTERPROFESIONAL E O CAPITALISMO CONTEMPORÁNEO</b></p> <p><b>Resumo:</b> Este ensaio tem como objetivo geral refletir sobre a importância da análise de conjuntura ao realizar uma pesquisa, considerando a relação entre Estado e capital na crise contemporânea. Entretanto, há também a necessidade de realizar a análise considerando a conjuntura capitalista moderna a qual a rede de atenção está exposta, considerado o capitalismo contemporâneo, gerencialismo na gestão pública em saúde e a interprofissionalidade na rede de atenção à saúde. Desde a reforma sanitária Brasileira, muito se ouve falar sobre a Rede de Atenção à Saúde – RAS, Sistema Único de Saúde – SUS e interprofissionalidade. Mas, pouco se falar sobre a crise do capitalismo e a quais os impactos dessa crise na saúde pública. O ensaio deriva de pesquisa de doutorado. O objetivo é analisar ações colaborativas no trabalho em equipe. Os resultados esperados descrever a intencionalidade de ações colaborativas conjunta e contribuir para a ampliação políticas públicas de fortalecimento ao SUS.</p>
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contribuyen a la ampliación de políticas públicas para fortalecer el SUS. <b>Descritores:</b> Análisis de coyuntura; Capitalismo; Estado; Interprofesionalidad.		<b>Descritores:</b> Análise de conjuntura; Capitalismo; Estado; Interprofissionalidade.
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## INTRODUCTION

The general aim of this essay is to reflect on the importance of carrying out research, considering the relationship between the State and capital in the contemporary crisis and analysis of the conjuncture. The essay stems from a doctoral research project in the context of the Health Care Network (*Rede de Atenção à Saúde – RAS*) of the Unified Health System (*Sistema Único de Saúde – SUS*), in the southern zone of the city of São Paulo, and arose from the need to understand Collaborative Interprofessional Practice in health actions in the context of teamwork from the perspective of professionals, managers and users. And to understand how matrix support and health actions are understood by the professionals who make up the RAS, how they have been prepared for teamwork and collaborative interprofessional practice, how management facilitates spaces for teamwork and collaborative interprofessional practice and what the user's perception is in relation to the health actions offered in the RAS.

According to the above, the motivation for this research comes from the need to understand Collaborative Interprofessional Practice in health actions in the context of teamwork managed by a Social Organization from the perspective of professionals, managers and users.

Within this context, the hypothesis is that matrix support is a powerful space for professional interaction and can be developed with the intention of Collaborative Interprofessional Practice (PIC). The matrix support scenario can also be a strategy for organizing the health work process based on the integration of teams involved in common situations, problems or complaints in the RAS, and is also a space for interprofessional collaboration.

Universal access and the quality of health care can be improved through the operationalization of health actions from the perspective of collaborative interprofessional practice and teamwork. Even though we are aware of the challenges that this practice poses.<sup>1</sup>

Collaborative practice and teamwork can contribute to improving universal access and the quality of health care. However, the operationalization of interprofessional work is a current challenge. Added to this challenge is the

conceptual imprecision in the study of the subject, in which terms such as collaboration and teamwork are often used synonymously.<sup>1(1525)</sup>

Primary Health Care (*Atenção Primária à Saúde* – APS) health teams create spaces and opportunities to cultivate the art of dialog, overcoming the dichotomy between learning and teaching.<sup>2</sup>

Matrix support provides exchanges between professionals and encourages reflection and the production of knowledge.<sup>3</sup> The Unified Health System is interprofessional, designed and implemented as a place for health care, professional education, management and social control, with a focus on comprehensiveness, equity, universality and participation.<sup>4</sup>

For health professionals to effectively collaborate and improve health outcomes, two or more of them, with different professional backgrounds, must first have opportunities to learn about each other, from each other and with each other. Such interprofessional education is essential for the development of a “practice-ready collaborative” health workforce, in which staff work together to deliver comprehensive services across a wide range of health care settings.<sup>5(13)</sup>

It is hoped that data analysis following survey collection will answer the aforementioned questions. However, there is also a need to carry out the analysis considering the modern capitalist conjuncture to which the care network is exposed, considering contemporary capitalism, managerialism in public health management and interprofessionality in the health care network.

Since the Brazilian health reform, much has been said about the RAS, SUS and interprofessionalism. But little is said about the crisis of capitalism and the impact of this crisis on public health.

One of the peculiarities of the Health Reform<sup>6</sup> was the use of central categories of Marxist originality and socialist reference to produce an understanding of the situation they faced. The use of these categories favored a thorough investigation of the analyses of the Brazilian scenario of class struggle in which the reformists found themselves.<sup>6</sup>

In Brazil, health policy has emerged in different ways in the various Brazilian regions and states: the implementation of the single health system and the management of care networks, the diversity of service provision and management, the way in which the role of services is invested in, the importance of non-governmental institutions in public policy management activities, the emergence of various types of *entrepreneurialism* in the management and provision of services and the decentralization of regulatory and decision-making power to states and municipalities and the proliferation of *entrepreneurial* activities in the provision of services.<sup>7</sup>

It can be seen that there is currently a preoccupation with professional training, interprofessional work and perhaps a certain romanticism in the actions carried out on a daily basis in the health territories, without taking into account the analysis of the situation in which our public health is inserted.

Within this context, the public service was given the opportunity to apply and combine management procedures from the private sector, under the discourse of efficiency and resulting in less costly management; this action became known as managerialism.<sup>8</sup>

The Brazilian State has not ceased to support the private sector, offering operating tools that jeopardize universal health, in which case we highlight the use of management, which we can call managerialism mediated by performance. For the authors, the current state of work in public services reminds us of the brutality experienced by workers back in the days of primitive accumulation.<sup>9</sup>

It is understood that the analysis of the data in this study should be carried out in depth, seeking to understand the relationship between the contemporary crisis and health, based on the broader idea of the crisis of capital. The capitalist crisis and the State play an important role in its composition. The capitalist economy is built through vested interests in the distribution and ownership of capital and exploited labor, and the State is directly constituted by the various economic and social faces and inconsistencies. The State reproduces this capitalist system and is the essential engine for this reproduction.<sup>10</sup>

When thinking about public health and the organization of the care network, it is essential to think about the crisis of capitalism and the role of the State in dialoguing with capital. In this context, the state has a social form, which derives from power relations and the exploitation of the workforce.<sup>11</sup>

Crisis and conflict are inherent to capitalism, and the State derives from this conflict and reproduces the economic system. The forces of capitalism are what constitute the modern State. Capital can be understood as a relationship, a social connection of production. For Marx<sup>12</sup>, he sees capital as a historically peculiar product of a social and economic nature, in which the political power of the modern State guarantees the continuous action of violent expropriation, including of the land. In this sense, we may be required to make a greater effort to agree with a State that tends to act in such a way as to manage public policies, in this case health, in command of the predilections of the logic of capital.<sup>12</sup>

## HEALTH CARE NETWORK IN CONTEMPORARY TIMES

Within this context, the concept of the Healthcare Network has been developed in various fields, such as sociology, social psychology, administration and information technology. RAS's:

have a common mission and objectives; operate in a cooperative and interdependent manner; constantly exchange their resources; are established without hierarchy between the points of health care, organizing themselves in a *polyarchic[sic]* manner; imply a continuum of care at primary, secondary and tertiary levels; call for comprehensive care with promotional, preventive, curative, care, rehabilitative and palliative interventions; work under the coordination of APS; provide timely care, at the right times and in the right places, efficiently and offering safe and effective services, in line with the available evidence; focus on the complete cycle of care for a health condition; have unequivocal health and economic responsibilities for their population; and generate value for their population.<sup>13 (16)</sup>

A territory that is under the responsibility of the RAS can be a setting for promoting networked health practices, collaborative practices, interprofessional team actions, coordination between professionals, sharing experiences and actions aimed at the same goal: the collective well-being of a territory that is under the responsibility of the RAS.

In this sense, it is important to understand the transformations that the Brazilian State has undergone at the beginning of this century and its capacity to implement policies for Brazilian society, particularly health policies. It is necessary to reflect on the World Bank's proposals for the Brazilian health sector in the 1970s. According to the diagnosis made by WB consultants, Brazil should rethink investments in health for the less well-off, at-risk and vulnerable populations who lacked social policies and who, as a result, were suffering damage caused by poverty and misery.<sup>14</sup>

The WB set out guidelines for a reform to be implemented in peripheral and developing countries, the main feature of which was a change in the public system, which should abandon high-cost individual care, carried out in hospitals, and concentrate its actions on collective care, simplified and decentralized to the community level. Among the strategies to be used in the reforms would be health education practices, with the aim of bringing about changes in the life habits of the poor.

In documents from the time, the WB advocated:

There is an exaggerated specialization in outpatient care, the use of high-tech procedures is growing rapidly and very little is spent on promotion and

prevention; the authors of the documents present as major guidelines for the reforms of the Brazilian health system, recently modified and included in the Federal Constitution, a set of proposals that can be summarized in six points: (1) reducing public investments in the field of medical care; (2) targeting public services to poor populations; (3) emphasizing preventive actions, especially the reduction of risk factors; (4) using public resources for programs that basically represent public goods; (5) the establishment of priorities based on an analysis of the cost/benefit ratio; (6) the introduction of institutional reforms and reforms to the health sector financing system, which would include decentralization, with priority allocation of resources to the poor, mobilization of private resources, rationing of medical care and the use of incentives and modern management techniques. Suggestions for “rationing” medical care and controlling costs in the health sector.<sup>14(156)</sup>

In this sense, APS should meet the majority of basic health needs and cost-effectively represent what was later called the “gateway” to the system.

According to the Ministry of Health,

APS is defined as the first contact in the care network within the health system, characterized mainly by continuity and integrality of care, as well as representing the coordination of care within the system itself, family-centered care, community orientation and participation and cultural competence.<sup>15(9)</sup>

Thus, the Family Health Strategy (*Estratégia Saúde da Família* – ESF) began its consolidation as a health care policy, emerging in Brazil as an economic strategy, a care model based on APS.

The ESF was created as a project to expand access and care for the Brazilian population, to implement the process of municipalization of the organization of health care, to enable the agreed reorganization between municipalities and to coordinate comprehensive health care.<sup>16</sup>

Perhaps it's worth analyzing here that for public health to guarantee universal access, investments are needed based on the reality of each territory, and we would be guaranteeing equity not only in access, but also in the distribution of investments in health policies. Perhaps in this way access to APS services will actually be expanded and the population covered by Family Health teams throughout the country. These public investments, if carried out in accordance with the real needs of the population, will strengthen APS as the gateway and organizer of care in the SUS.

## FINAL CONSIDERATIONS

In light of the above, this essay has sought to help us reflect on the need to analyze the object of research from the perspective of the logic of modern capitalism, the exploitation of the

workforce and investment in public policies beyond the logic of the real needs of the nature of the State.

Emphasizing the importance of when we talk about public policies, the perspective should be the category of citizenship and its particularities, the use of central categories of Marxist originality and socialist reference to produce an understanding of the conjuncture in which we find ourselves, we can use for this, the critical path of the analysis of the social conjuncture and on the relations between health and State interests.

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