HEALTH AND HUMAN DEVELOPMENT: 
nursing and the human right to health in Brazil

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ABSTRACT

This article aims at understanding the influence of the right to health legal framework to Brazilian Nursing. To achieve this purpose the historical evolution of the right to development is described and the concept of right to health is introduced. Then, the right to health in Brazil and Nursing actions to guarantee this right in their daily practice is discussed. In Brazil, health is a right of all and a duty of the State. However, there is a great inequality in the distribution of health services among regions, rural and urban areas, the rich and the poor. Nursing professionals face several challenges in their practice to provide the care as stated by the laws. They play an important role as transformation agents, helping the community to acquire a sense of collective identity regarding their human rights and right to health.


RESUMO

Este artigo apresenta como objetivo compreender a influência do direito à saúde para a Enfermagem no Brasil. Para alcançar este propósito, a evolução histórica do direito ao desenvolvimento é descrita e o conceito de direito à saúde introduzida. A seguir, o direito à saúde no Brasil e as ações de Enfermagem para garantir este direito na sua prática diária são discutidas. No país, a saúde é direito de todos e dever do Estado. Contudo, há grandes desigualdades na distribuição dos serviços de saúde entre as regiões rurais e urbanas e entre ricos e pobres. Os profissionais de saúde enfrentam vários desafios em sua prática para oferecer um cuidado de acordo com o estabelecido pela lei. Desempenham um importante papel como agentes transformadores, ajudando a comunidade a adquirir um senso de identidade coletiva em relação aos seus direitos humanos e seu direito à saúde.


Título: Saúde e desenvolvimento humano: a enfermagem e o direito humano à saúde no Brasil.

RESUMEN

Este artículo tiene el objetivo de comprender la influencia del derecho a la salud para la Enfermería en Brasil. Para alcanzar este propósito, se describe la evolución histórica del derecho al desarrollo y se introduce el concepto de derecho a la salud. A continuación, se discute el derecho a la salud en Brasil y las acciones de Enfermería para asegurar este derecho en la práctica diaria. En el país, la salud es derecho de todos y deber del Estado. A pesar de ello, existen grandes desigualdades en la distribución de los servicios de salud entre las regiones rurales y urbanas, así como entre ricos y pobres. Los profesionales de la salud enfrentan varios desafíos en su práctica para ofrecer un cuidado de acuerdo con lo establecido por la ley. Desempeñan un importante rol como agentes transformadores, ayudando a que la comunidad adquiera un sentido de identidad colectiva en relación con sus derechos humanos y su derecho a la salud.


Título: Salud y desarrollo humano: la enfermería y el derecho humano a la salud en Brasil.

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INTRODUCTION

Since the 1950s, the world has been experiencing rapid and profound transformations that are affecting the economic, cultural, social, and political arenas. The internationalization of the production, with the distribution of goods and services among countries, as well as the improvement of information technologies intensified the economies’ globalization and, at the same time, increased the inequalities among social groups, the violence and disrespect for human rights, despite the international movement to reaffirm these rights globally.

Human rights represent the rights of all human beings, in constant process of construction and reconstruction. They reflect something built from a space of action and social fights. Among these rights, this article is focused on the civil and political rights and the economic, social, and cultural rights. The human right to development and the human right to health are associated, as it is not possible to conceive the development process without the consolidation of the right to health.

Health is a decisive factor to people’s well-being and is a requisite to development with equity. In reality, the right to development represents the right to an equitable division of the world’s social and economic well being. Poverty is the most frequent cause of deaths in the world, influencing negatively the stages of human life, from conception to death. Thus, considering the eight United Nations (UN) Millennium Development Goals, three (Goal 4, 5 and 6) are directly linked to health, confirming the existence of a clear relationship between health and development.

This article aims at understanding the connections between human development and the right to health in Brazil, focusing on their influence on health professionals’ work, especially to Nursing. Based on a literature review on national and international periodicals about the right to development, the right to health, and their interrelations, this work emphasizes the role health professionals, especially nurses, can play in the fundamental process of assuring the human rights of the health services’ users in Brazil.

In order to achieve this purpose, this article describes the historical evolution of the right to development. Following, the concept of right to health is introduced, enabling the understanding of some connections between right to health and right to development. Finally, a discussion about the right to health in Brazil and Nursing actions to guarantee this right in their daily practice is presented.

RIGHT TO DEVELOPMENT: Concept and brief historical evolution

Development is a complex process that is historically aimed by all world nations. With the UN creation, countries with different development levels were gathered as members of this Organization, and their economic differences stimulated the promulgation of the right to development, based on a program of actions designed with the purpose to reduce the gap between centre and periphery, supported by a Third World demand for a more ethical globalization movement.

The right to development involves three dimensions: a) the importance of people participation in the formulation of public policies, b) the protection of basic social needs stated in the 1986 UN Declaration on the Right to Development and c) the need to adopt national programs and policies linked to international cooperation.

Despite the dimensions mentioned above and established by UN, there is not a unique understanding about development, which varies according to the power relationship among nations and the self-interest of the actors involved in the development process. Therefore, historically, there were different development paradigms leading countries’ external and internal policies, and the international organizations programs from the 1950s to now.

Initially, the majority of the paradigms linked development to economic growth, based on the history of the developed capitalist countries. With the failure of these policies, the expanded meaning of development embraced different nouns, such as social, sustainable, inclusive, and human.

The concept of human development is the basis for the Human Development Report, published annually, and also for the Human Development Index, compiled by the United Nations Development Program since the 1990s. This Index is a comparative measure of life span, literacy, education, and standard of living for countries...
worldwide. It goes beyond the idea that development is only based on economic factors, but also considers social, cultural and political factors that influence the quality of human life.

The main development goal, in the perspective of human development, is to increase people’s possibilities of choosing, enabling them to live a longer healthier life. People are not merely the beneficiaries of development, but, through individual and collective action, their agent.

In sum, the Human Development Index gives a different viewpoint from the Gross Internal Product (GIP), which only considers the economic dimension of development. The index is a key indicator for the UN Millenium Development Goals and, in Brazil, is being used by the federal government and municipalities to evaluate the country and the cities level of development.

In 2006, Brazil was the 69th in the global rank, despite having the 11th GIP, showing that economic potential does not necessarily mean capacity to promote internal human development.

In this perspective, extreme inequities constitute a fundamental impediment to both economic growth and social development. Thus, an “intelligent state” is the one that operates by uniting its efforts with the civil society. Development, understood as a complex and multidimensional process, surpasses economic growth, as it involves valuing the humane, the social, being, therefore, directly related to the population’s right to health.

HUMAN RIGHT TO HEALTH

The concept of health evidences several interpretations, going from static and historical definitions to dialectic and complex ones. Health may be understood as a process which transcends biological aspects, as it is connected to social, cultural, and political phenomena. This concept is changing with time, establishing linkages with other fields of human life, and it is complex because it deals with the production of our own lives and is associated with our values, doubts, philosophical and theological comprehensions. To this complexity, one may associate its polysemy, as the concepts of health have multiple meanings.

The relationship between health and development is based on the idea of health as a public good, socially produced in the interaction among some actors, such as the State, health workers and the population. As a public good, health is considered a right of all citizens who are part of the society.

The right to health is a second dimension human right, a social right, which requires action from the State. Traditionally, the human rights’ agenda was centered on civil and political rights under the impact of the “North’s voice”. Nowadays, this agenda is increasingly incorporating social rights such as the right to health and the right to development, enabling the “South’s voice” to appear and revealing this region priorities and demands.

As a consequence of this movement, the right to health appears in a series of international instruments such as the 1948 Universal Declaration of Human Rights, the 1979 Convention on the Elimination of all Forms of Discrimination against Women and the 1990 Convention on the Rights of the Children, besides several documents stating health as fundamental right of all human beings.

The ethical obligations of health professionals are also addressed in several international instruments, such as the 1988 Principles of Medical Ethics Relevant to the Role of Health Personnel, the Helsinki Declaration of 1964. These documents make clear that health professionals have a moral duty to protect patients’ physical and mental health when they provide the care or develop research with human subjects.

The characteristics of health care delivery are determined by multiple economic, social, and cultural factors combined with the countries’ health systems specificities. Among these factors, one may refer to the development level and patterns of social-economic distribution, the health care system legal framework, the structure of the services, financial factors, the clinical and managerial organization of health care, as well as health care reform principles.

The health systems are influenced by other macro-environmental factors, especially by the historical development of the sector, and the way each country organizes services. The greatest national challenge is to recognize the right to health as a priority in the public agenda and government activities, understanding that all effective changes require the participation of several social and political agents in the development of health policies.
HEALTH AND DEVELOPMENT

Health conditions are analyzed based on the countries’ level of development. Therefore, poor populations present greater probability to get diseases, perpetuating the underdevelopment conditions. Evidences show that low health indicators and inequities in life conditions impair development\(^{11}\). On the contrary, health improvements favor development and the distribution of its benefits. Moreover, to create conditions for health services to contribute to local development implies in the creation of new health organizations and in changing the management of these services.

Development involves the decrease in all sources of privation, by means of valuing people, which entails the need to review the State’s role in the elaboration of social policies, such as health policies. Therefore, equity and social inclusion must guide the development process, enabling the strengthening of citizenship, democracy, and the promotion and assurance of human rights, including the right to health. Contrastively, the effectiveness of the right to health is linked to the exercise of citizenship based on a life with dignity.

In this manner, the health systems face several challenges due to the inequities present in society and that must be considered in the definition of actions and institutional mechanisms to incorporate health priorities in the process of managing this sector policies\(^{12}\).

In sum, the improvement of health and environmental conditions is one of the greatest challenges in several developing countries, such as Brazil.

NURSING AND THE RIGHT TO HEALTH IN BRAZIL

The extent of poverty in Brazil varies according to the many estimates, but all of them emphasize not only its absolute magnitude, but also the extreme inequality of income distribution of its more than 180 million inhabitants. In this country, 20% of the population with the highest income earned 32 times more than the 20% in the lowest income bracket between 1999 and 2005. Official data for 2006 show that the poorest 20% received 2% of the national income, while 49.7%, thereof, went to the 10% wealthiest group\(^{13}\).

The difference between the cities and the rural areas is equally significant: 66% of Brazil’s rural population is below the poverty threshold, as compared with the figure of 38% for the urban poor. It should be pointed out that the percentage of urban poor is rising as a result of the migration of rural poor to the cities\(^{14}\).

To this extent and despite the country’s right to health legal framework, there is great inequality in the distribution of health services among regions, rural and urban areas and the rich and the poor\(^{15,14}\), with a large concentration of medical-health resources in the South and Southeast, the country’s most industrially developed states.

The right to health protection is a Nation-State commitment and implies the adoption of prevention and care policies to assure the real access to health services in the country. Brazil’s Constitution stipulates that “health is a right of all and a duty of the State, guaranteed by means of social and economic policies that are aimed at reducing the risk of disease and other problems and at universal and equal access to actions and services for its promotion, protection and recovery” and establishes that “health actions and services are of public relevance. It is the Public Power’s function to set legal determinations for its regulation, surveillance and control. They must be executed directly or through third parties and, also, by private persons or legal entities ruled by private law”\(^{15}\)\(^\text{[translation ours]}\). These articles illustrate the importance of Health, making it a procedure of public interest in accordance with the human rights international instruments mentioned in this article.

This context defined the legal base for the Health Ministry’s actions to construct a human resource policy in Brazil, also establishing The Sistema Único de Saúde (Brazilian Health Care System – SUS), sustaining health as a universal right and a public duty and stating the regulation of human resource education for the health system as one of the SUS’ tasks.

The Nursing category represents the largest group of health team members. Nursing is practiced by nurses with a Bachelor’s degree and higher education, nursing technicians, and assistant with high school education, completed by a specific nursing course.

Nurses have a fundamental responsibility to promote health, to prevent illness, to restore health
and to alleviate suffering of all people\textsuperscript{[160]. Nevertheless, despite the conquests of the 1988 Constitution and the establishment of SUS, contradictions continue in health practice in the country.

In 2002, 66\% of the country’s 7,806 hospitals, 70\% of its 485,000 hospital beds, and 87\% of its 723 specialized hospitals belonged to the private sector. In the area of diagnostic support and therapy, 95\% of the 7,318 establishments were also private\textsuperscript{[160]. The great majority of the population do not have access to these private services and use the public health system.

Health professionals in general, and nurses specifically, face crucial questions in their reality due to the lack of infra-structure, financial, and human resources to maintain efficient health services in the public system as stated by the laws.

In order to revert this situation, some strategies and actions must be implemented by nursing workers in their practice, based on their commitment to health care and concern with the health services users’ autonomy and rights. Thus, nurses and other health professionals working in primary, secondary, and tertiary care levels need to be creative to open spaces for a dialogue with their clients and the community, not restricting their practice to disease demands. For this purpose, these professionals associate to “hard” technologies the use of “soft” ones in their practice, which are related to both sides’ experiences, attitudes, commitments and responsibilities\textsuperscript{[172].

Health professionals are unique elements in this process of changing the system and implementing a more humanized care, respecting the human rights of users. They must be the first ones to review their practice in accordance with the SUS’ principles and the national health reform movement.

Nursing workers have a single role in this process, as they are the majority of health care professionals in the country. They play a legal role as health care providers, and need to have a solid knowledge of laws, keeping themselves updated on advances and new knowledge in their area and maintaining accurate and objective nursing records. They cope with the constant challenges of balancing human rights (as set in legal documents only) with their practice, with a view to attending the human needs of their patients or, better, of the human beings who are under their care at that moment.

FINAL CONSIDERATIONS

Health is a public good, considered a right of all citizens, who are members of the society. The right to health is a precondition to human development.

The exercise of the right to health in Brazil is far from being effective and is a consequence of historical choices regarding the countries’ development policies that only perpetuated the actual inequalities. In order to really consolidate the rights of the population, especially the right to health as a real human being right, the country needs to develop public health policies that value the health care and the health care providers.

The acceptance of the right to health entails an ethical position critical of the society which fails to provide for comprehensive access to basic health care facilities. Nursing workers are playing an important role in this process of change that began with the 1988 Constitution. In their work space, nurses must act as transformation agents, creating alternative practices to assure the users’ participation in their own care and helping the community to acquire a sense of collective identity regarding their human rights.

REFERENCES


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