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Special Section: Bioethics Beyond Borders

Access to Healthcare

A Central Question within Brazilian Bioethics

VOLNEI GARRAFA, THIAGO ROCHA DA CUNHA, and CAMILO MANCHOLA

Abstract: This article explores the current situation regarding the importance of access to healthcare in relation to the genesis and context of bioethics developed in Brazil, a country in which healthcare is understood through the national constitution to be a universal right of its population. Since the onset of the development of Brazilian bioethics at the beginning of the 1990s, topics relating directly and indirectly to the field of public health have been a priority in the bioethics agenda. The article considers the socioeconomic context within which conflicts occur, an issue that has been addressed in other scientific articles on bioethics in Latin America. It presents the main conceptual bases of intervention bioethics, a critical approach that has been developed as a reference point in this region, with the aim of analyzing (bio)ethical issues and indicating solutions that relate specifically to the different forms of social exclusion that influence the health conditions and lives of people in Brazil, as well as in other peripheral countries in the Southern Hemisphere and of the world in general. The article calls attention to some of the problems and challenges that the Brazilian public health system has been facing. An international agenda of "universal health coverage" is one of the main global threats to implementing the universal right to healthcare as it has been understood in Brazil.

Keywords: Brazil; public health; right to healthcare; bioethics; intervention bioethics

Introduction

Since 1988, the year in which the constitutional charter currently in force was first proclaimed, it has been considered in Brazil that access to healthcare is a right held by all individuals, and that the state has a duty to provide it. Achievement of this advanced legal status was the fruit of an intense struggle that scientific entities in this field engaged in for more than a decade, through political and social activities that became known as a reference point in Latin America under the name "Movement in Defense of the Brazilian Healthcare Reforms."[1] In this movement, the Brazilian Center for Healthcare Studies (Centro Brasileiro de Estudos de Saúde [CEBES]) and its journal *Healthcare in Debate* (*Saúde em Debate*), created in 1976 and still published today, were especially influential, as were efforts of the Brazilian Association for Postgraduate Public Health Programs (Associação Brasileira de Pós-Graduação em Saúde Coletiva [ABRASCO]), which was created in 1979.

This is the background from which the beginning and evolution of bioethics developed in Brazil from the beginning of the 1990s onwards, through participation by researchers with training in public health and healthcare who had links with CEBES and a direct relationship with the Healthcare Defense movement. Historically, four basic events marked the "foundation" of Brazilian bioethics. First came the creation of the bioethics journal *Revista Bioética* by the Federal Medical Council, in 1993. Next, three books that were explicitly related to public health were published: *Dimensions of Ethics in Public Health*;[2] *Bioethics – The Third Margin of Healthcare*,[3] and *Ethics of Healthcare*.[4] The third important episode was

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the founding of the Brazilian Society of Bioethics, in 1995. Finally, the national system for ethical review of human research was organized. This is considered to be the best organized system in Latin America and currently comprises approximately 800 local committees in institutions, hospitals, and universities. It began with the creation of a national committee for research ethics in 1996.

Thus, acknowledging that from the outset of the development of bioethics in Brazil it has had a strong affinity with the field of public health, the present study aims to analyze the importance of access to healthcare on the genesis and context of bioethics in Brazil.

Access to Healthcare as Stated in the Brazilian Constitution: "Everyone's Right and the State's Duty"

To put into effect this right attained by Brazilian citizens, made explicit in the Constitution through the expression "healthcare: everyone's right and the state's duty," a unified and universal healthcare system known through its abbreviation "SUS" (Sistema Único de Saúde) was created. It is responsible for ensuring free-of-charge healthcare services to the entire population, independent of income and covering all levels of complexity, from the most basic sanitary control measures to complex issues such as cancer and transplantation. Although the system faces problems of both planning and implementation, it is recognized internationally as one of the most extensive and equitable healthcare programs in the world.[5]

Among the basic principles that guide the SUS are the following: (1) universality of access at all levels of care or assistance; (2) equality of healthcare, without prejudice or privilege of any kind; (3) comprehensive care, which is understood as an integration of preventive and curative actions and services for each case at all levels of complexity; (4) participation by the community in the formulation of guidelines and priorities for healthcare policies, inspection of compliance with the legal and normative provisions of SUS, and control and assessment of the healthcare actions and services implemented; and (5) political-administrative decentralization, with a single administration within each sphere of government, with (a) emphasis on decentralization of services to municipalities; and (b) regionalization and hierarchical organization of healthcare service networks in accordance with the levels of complexity required for each clinical case.[6]

Bioethics Developed in Brazil and its Relationship with the Field of Public Health

From its beginnings in the middle of the 1970s until the start of the 1990s, the bioethics that developed in Latin American countries displayed very specific characteristics. It was limited primarily by political processes in the region.[7] From the beginning of the Cold War until the end of the 1980s, most countries in this region lived under violent military dictatorships. These repressive models of government not only persecuted, seized, and tortured university professors and researchers in various countries in the region,[8] among whom were many healthcare professionals, but also created obstacles that prevented independent and critical bioethics from operating in the region.

With the opening of democracy, intellectuals in this region became able to dedicate their studies and research to problems relating to the recent histories of their countries, thus exploring a wide diversity of situations and raising the problems of their direct consequences within the context of people's lives. According to José

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Maria Mainetti, "that is why bioethics is now more of a political movement or social reform movement than an academic discipline restricted to the domain of healthcare."[9] In the particular case of Brazil, according to this author, "A new Brazilian bioethics" or "hard bioethics" has begun to flourish…under the inspiration of the country's contradictory social reality, which explores alternative perspectives to traditional bioethical currents."[10]

Thus the development of bioethics as practiced in Brazil has since its beginning been focused on people's right of access to healthcare. In the preface to one of the books mentioned in the introduction to this article, the then Italian Senator Giovanni Berlinguer (an important theoretical source for the Brazilian healthcare reforms and a renowned scientist in the field of public health who subsequently not only served on the United Nations Educational, Scientific and Cultural Organization [UNESCO]'s International Bioethics Committee but also was the president of Italy's National Bioethics Committee) reaffirmed the close links that exist among healthcare policies, reduction of inequalities, social movements and bioethics in Brazil.[11]

Alastair Campbell, President of the International Association of Bioethics (IAB), expressed a similar opinion in 1998 on returning to the United Kingdom after having participated in the Second Brazilian Bioethics Congress. He thanked the Brazilian bioethicists "for bringing out how much I have now started to perceive the nature of bioethics. I was able to see for myself how difficult it is to maintain a public healthcare service with minimal resources and huge problems of poverty.… In the midst of all of this, I got to know people who were determined to build bioethics with the capacity to make a special difference to healthcare in their country and for the quality of its development".[12] Daniel Wickler, a speaker at the Sixth World Congress of Bioethics of the IAB, held in Brasília in 2002 with the central theme of "Bioethics, Power and Injustice," affirmed this view, agreeing that this event "politicized the international bioethics agenda."[13]

Only a few months after this congress, UNESCO began discussions through its International Bioethics Committee (IBC) toward constructing the future Universal Declaration on Bioethics and Human Rights.[14] In addition to biomedical and biotechnological themes, the bioethics agenda in this document included such issues as the right to access to healthcare. The central themes included in this Declaration had already been under examination in a general way throughout the bioethics developing in Brazil since the previous decade, especially regarding the matter of the universal right of access to healthcare.[15]

Just as in the remainder of Latin America, it is clear that the bioethics developed in Brazil has great significance for public health.[16] In order to deepen the discussion proposed in this article and analyze some recent ethical-political conflicts within the field of Brazilian public health, we take the Brazilian theoretical current known as "intervention bioethics" as a reference point.[17,18,19] Its main concepts and theoretical assumptions are presented subsequently.

"Intervention Bioethics" ("Hard Bioethics") as a Study Reference Point

Intervention bioethics was initially called "hard bioethics."[20,21] Since its outset, it has sought to underline criticism of the bioethics produced in the United States and Europe, where bioethics discussions have focused on issues relating to use and application of new (bio)technologies in clinical research or to problems involving the relationship between healthcare professionals and their patients. The argument

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was that, faced with the "hard" collective macro-problems experienced in peripheral countries, such as hunger, social exclusion, illiteracy, and inequality, among others, the concerns of bioethics as studied in developed countries seemed comparatively "soft." Therefore, in the light of "hard problems," "hard bioethics" would be necessary. These basic concerns were correlated with the "Movement in Defense of the Brazilian Healthcare Reforms" mentioned previously.[22]

Intervention bioethics was so named because its emphasis was directed more toward the macro-problems commonly found in Latin American countries and because it sought to reflect more directly on bioethical issues associated with the global political and economic determinants fundamental for comprehending the ethical problems and conflicts that affect people's right to access healthcare, or inability to do so.[23]

In 2002, the conceptual bases of intervention bioethics were expanded and deepened through the opening address of the Sixth World Congress of Bioethics.[24] Over the course of the ensuing decade, intervention bioethics was further developed by its original authors and was applied independently by other bioethicists in Brazil and Latin America.[25] One of the main characteristics of the approach, which was shared by other critical perspectives of Latin American bioethics,[26] is the emphasis given to the role and responsibility of the state in defending more vulnerable population groups in order to promote equity and equality.

The two most important theoretical and practical categories used by intervention bioethics in relation to the field of public health are the distinctions between "central countries" and "peripheral countries" and those between "emerging situations" and "persistent situations." Regarding the first, intervention bioethics acknowledges the historical relationships involved in the center-periphery configuration of the world, inherited from exploitative colonization and still present in the dichotomy between developed and developing countries. In analyzing any bioethical problem, intervention bioethics starts by considering such political-economic determinations as concentration of power, economic globalization, capital flight, and the brain drain from poorer countries to central countries, as well as new forms of imperialism and colonialism.

The contrast between "emerging situations" and "persistent situations" explores the politicized viewpoint of bioethics regarding social problems such as inequality of access to healthcare. From the perspective of intervention bioethics, emerging situations involve the traditional problems of the discipline, which relate especially to issues associated with scientific, biomedical, and biotechnological development. On the other hand, persistent situations implicate ethical conflicts involving health and life, which are addressed only tangentially by biomedical bioethics, such as social exclusion, poverty, discrimination, and inequality, problems of a social nature that have affected individuals and groups throughout history, and which are still present in many parts of the world, especially in peripheral countries.

Advances and Challenges in Accessing Healthcare in Brazil from the Viewpoint of Intervention Bioethics

The Agenda of "Universal Health Coverage" (UCH)

The most important challenge that SUS in Brazil faces today relates to a worldwide form of economic logic that reaches its maximum expression in so-called

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"universal health coverage" (UHC). This consists basically of funding systems for insurance policies that cover limited packages of services to be furnished by either for-profit or nonprofit institutions,[27] including companies and corporations with foreign capital. In the words of the World Health Organization (WHO) and the World Bank: "UHC means that all people receive the quality essential health services they need, without being exposed to financial hardship".[28]

UHC is a concept that is generally used to describe the healthcare policies of low and medium-income countries,[29] because it is assumed that, unlike high-income countries, these countries are unable to attain full access to healthcare services but rather, at most, a certain limited "coverage" of packages and basic services for the entire population.

The UHC agenda goes back to the sectoral reforms of healthcare systems that from the end of the 1980s were led by international corporations, especially by the World Bank. Their greatest concern was to achieve "sustainability of funding" and "efficiency" for healthcare systems, and their recommended approach was through reducing public expenditure, favoring increased participation of private capital and public-private partnerships.[30]

WHO overwhelmingly adopted the UHC agenda, starting in 2010. In 2012, the General Assembly of the United Nations endorsed this perspective as a "pillar" for sustainable development and global security. Finally, on December 12, 2014, the Rockefeller Foundation, the World Bank, and WHO jointly launched a "global coalition" to "accelerate" access to UHC.[31]

In the Brazilian context, UHC started to gain strength in a direction opposite to the conception of healthcare presented in the federal constitution. There, healthcare is established as a human right that is to be implemented through a universally accessible free-of-charge healthcare system. This reversal of direction can be demonstrated from certain occurrences. Over recent years, some political sectors of the country have acted to review and reverse some fundamental aspects of the healthcare system, including transferring the administration of state public hospitals to private organizations, and ending free access to many clinical procedures, which had until then been provided.[32] In 2015, some members of Parliament even proposed a legislative agenda of permitting charging for healthcare services within SUS. However, because of the immediate negative reaction of public opinion, involved professional organizations within the sector, and healthcare workers' unions, the proposal has been temporarily suspended.

Furthermore, the National Health Agency (Agência Nacional de Saúde [ANS]), a body within the Ministry of Health that regulates actions within the sector, underwent a sharp change in relation to this topic. The balance between public and private membership was reversed, such that the business sector came to have majority representation. Through this, the participation of institutions and private companies in the national healthcare budget through purchases using public resources of different clinical procedures and hospital beds has increased. These measures have been accompanied by a dramatic decrease in state investment in hiring specialized professionals, constructing new public healthcare centers and hospitals and, especially, maintenance and support of day-to-day functioning of the existing facilities.

More recently, another profound change in Brazilian healthcare has taken place: the breaking of the constitutional monopoly that requires any private health insurance companies to be Brazilian. Foreign insurance companies have now been

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allowed to enter Brazil, especially from the United States. These companies are known to operate with market- and profit-driven objectives.[33]

It can therefore been seen that these changes, which threaten to break the backbone of the SUS, and to a certain extent are already doing so, are aligned with the guidelines of UHC. They represent a major reversal in that they go against the pillars of free availability and comprehensiveness of public healthcare services.[34] All these local and global movements reflect tension between understanding access to healthcare as an inalienable human right under the state's responsibility, and understanding it as yet another consumer good that is being made available through the market. It can therefore be seen that this problem forms one of the main issues for bioethics as currently practiced in Brazil.

The UHC agenda in the light of intervention bioethics

From a close look at the reference points for intervention bioethics, and especially considering the determinants of the central-peripheral configuration of the world, the difference in the ethical conflicts between emerging and persistent situations and the ethical responsibility placed on states for defending the most vulnerable members of society, it becomes evident that UHC is nothing more than a program for the privatization and outsourcing of healthcare systems to the market or to non-state agents. This is also clear from the definition of UHC. Although it seems to be in line with recognition of the inalienable right to healthcare, through indicating the importance of not exposing "users to financial difficulty," WHO included tenets from proposals from the Rockefeller Foundation and World Bank that were based on the idea of insurance and subsidized services offered by the private sector.

This is a proposal elaborated from specific circumstances of central countries that reflect the interests of economic groups and global corporations, including philanthropic foundations such as the Gates Foundation, Kaiser Family Foundation, and Rockefeller Foundation. Also that it is evident that the differentiation between UHC and universal healthcare relates to a fallacious approach that naturalizes and deepens the inequality in the central-peripheral configuration of the world.

These interests generally appear wrapped in an "ethical veil" that is sustained through principles such as "help," "solidarity," and "cooperation," thus requiring special attention within bioethics production and analysis. Recent discussions on the role of philanthropic corporations conducted by the United Nations have illustrated this situation well, through affirming in a document produced based on the discussions on the new development agenda that "foundations and philanthropists can run risks, show that an idea works, and create new markets when none existed previously."[35]

This "philanthropic capitalism" occurs especially in the healthcare sector. Donors who are described as "philanthropic" benefit private companies that have direct relationships with the foundations themselves, as in the case of the Gates Foundation, whose cooperation is associated with tax and fiscal exemptions and with direct benefits for major pharmaceutical corporations such as GlaxoSmithKline and Johnson & Johnson.[36] These major corporations typically ignore the needs that emerge from persistent conditions relating to bioethics, preferentially producing high-cost medications and ignoring the so-called neglected diseases that are more common in peripheral countries.

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The fact that in 2014 a law opening healthcare to foreign capital was approved in Brazil should not be seen in isolation but rather as part of a global context in which hegemonic groups with private and corporate interests operate. These groups act worldwide toward reducing states' participation in putting into effect the right to healthcare, and therefore access to healthcare. This is a particular ethical challenge in relation to so-called persistent situations, as is also recognized in the Universal Declaration on Bioethics and Human Rights,[37] especially in its Article 14, which speaks of "social responsibility and healthcare."

Brazilian bioethics has the role of acting critically in public spaces to defend SUS, which is free of charge, universal, and comprehensive. In particular, it denounces actions that seek to introduce a fragmented and profit-motivated system into Brazil. Changes of this nature are put forward without recognizing that the most severe public health problems of the Brazilian population are characterized by ethical conflicts of a persistent nature such as inequality of access to healthcare services, and not of an emerging nature such as assimilation of new medical technologies for these services.

Final Remarks

Brazilian bioethics is marked by a strong commitment to the collective sphere. It addresses topics such as public health, social control, human rights, and inequalities, among other sociopolitical ethical issues. These commitments are expressed through theoretical, normative, and institutional practices, and they often acquire a role of militancy that supplants any pretention of neutrality or passivity in relation to the ethical problems that affect society.

Intervention bioethics is the theoretical expression of Brazilian bioethics upon which this politicized intellectual production is epistemologically grounded. It assumes a critical reading of history, socioeconomic context, and power relations. In the present study, in analyzing the current panorama of public healthcare in Brazil, intervention bioethics reveals ethical conflicts that are associated with the process of privatization of the public healthcare system, especially with regard to the influence of the international agenda of UHC in recent governmental and legislative initiatives.

The assumptions behind the international model of UHC may possibly be adequate for countries in which access to healthcare is exclusively provided through the private sector, without any direct responsibility of the state. However, this is not the case in Brazil. Therefore, in considering the center-periphery relationship of the world at large and emphasizing the persistent problems that affect the most vulnerable populations, intervention bioethics speaks out against and takes a position strongly contrary to any proposals that move in the direction of reducing free-of-charge comprehensive access to healthcare for the Brazilian population.

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