Legalization of health: analyzing public hearing in the Brazilian Supreme Federal Court

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Abstract

The Public Hearing on judicialization of health convened in 2009 by the Brazilian Supreme Federal Court aimed to facilitate the discussion of the various sectors involved in the search for legal solutions. This text aims to analyze this Public Hearing according to the theoretical framework of Nancy Fraser. It is noted the lack of lines on needs and the concentration of the discussion on three issues: drug dispensing, resource allocation and function and interconnection between the Three Powers. To Nancy Fraser, the political discourse on needs encompasses three phases: (i) establishment or denial of the political status of a need; (ii) interpretation of necessity and power to define and (iii) satisfaction of the need. Conclusively, it is seen that the importance of the debate on health care needs, including the aspect of judicialization, is not limited to legal, administrative or therapeutic aspects listed by Fraser, but it seeks to advance the definition and fulfillment of needs identified by the various social sectors.

Keywords: Health services needs and demand. Law enforcement. Enacted statutes. Judgment-Civil rights.

Resumo

Judicialização da saúde: analisando a audiência pública no Supremo Tribunal Federal

A audiência pública sobre judicialização da saúde, convocada em 2009 pelo Supremo Tribunal Federal, objetivou possibilitar o debate dos diversos setores envolvidos na busca por soluções judiciais. Este texto analisa a audiência à luz do referencial teórico de Nancy Fraser. Notam-se a ausência de falas sobre necessidades e a concentração da discussão em três focos: dispensação de medicamentos, alocação de recursos e função e interligação entre os três poderes. Para Fraser, o discurso político sobre necessidades abrange três momentos: (i) estabelecimento ou negação do *status* político de uma necessidade; (ii) interpretação da necessidade e poder de defini-la; e (iii) satisfação da necessidade. Conclusivamente, percebe-se a importância de que o debate sobre necessidades na área de saúde, incluindo o aspecto da judicialização, não se restrinja aos aspectos jurídicos, administrativos ou terapêuticos elencados por Fraser, mas busque avançar na definição e na satisfação das necessidades identificadas pelos diversos setores sociais.

Palavras-chave: Necessidades e demandas de serviços de saúde. Executoriedade da lei. Normas jurídicas. Julgamento-Direitos civis.

Resumen

La legalización de la salud: analisando la audiencia pública en el Supremo Tribunal Federal de Brasil

La Audiencia Pública convocada sobre la judicialización de la salud en 2009 por el Supremo Tribunal Federal dirigida a facilitar la discusión de los diversos sectores implicados en la búsqueda de soluciones judiciales. Este texto pretende analizar esta audiencia a la luz del marco teórico de Nancy Fraser. Se observa la falta de discursos sobre las necesidades y la concentración de la discusión sobre tres enfoques: dispensación de medicamentos, de asignación de recursos y función y de interconexión entre los tres poderes. Para Nancy Fraser, el discurso político sobre las necesidades abarca tres fases: (i) la creación o la negación de la condición política de la necesidad; (ii) la interpretación de la necesidad y el poder de definirla y; (iii) el cumplimiento de la necesidad. En conclusión, se da cuenta de que la importancia del debate sobre las necesidades de atención de la salud, incluido el aspecto de la legalización, no se limita a los aspectos jurídicos, administrativos o terapéuticos enumerados por Fraser, pero tratan de avanzar en la definición y el cumplimiento de las necesidades identificadas por los diferentes sectores sociales.

Palabras-clave: Necesidades y demandas de servicios de salud. Aplicabilidad de la ley. Normas jurídicas. Juicio-Derechos civiles.

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Research article

The public hearing is consistent with the democratic vision of State, in which the voice of the people should be considered when making decisions. Free and participatory discussion of the various sectors involved - doctors, public administrators, academics and members of the Unified Health System - allows different understandings, often conflicting, are defended and analyzed in order to promote joint reflection on a specific topic, providing transparency and legitimacy. This practice, regulated by Law 8625/93, is commonly adopted in the prosecution office through the constant call of popular participation in public hearings on issues related to its operations [1]. Law 9.784/99, which regulates the administrative procedure in the federal government provides the public hearing as an instrument to be used in decision-making at the federal level [2].

The first norms that brought the institute of the public hearing to the judiciary were the laws 9.868/99 and 9882/99: the first provides for the process and the judgment of the direct action of unconstitutionality and declaratory action of constitutionality before the Supreme Court (STF), and the second deals with the process and judgment of fundamental precept of complaint [3,4]. The aim of this institute is to clarify issues or factual circumstances, with general impact and relevant public interest, discussed in the court. According to information on the website of the Supreme Court, the first public hearing held by the court occurred on 20 April 2007 and was convened by the Minister Ayres Britto, the rapporteur function of the direct action of unconstitutionality 3510, which impugnava provisions of Law 1.105/2005, the Biosafety Law.

However, only in 2009 the public hearing was regulated under the Supreme Court, with the Regimental Amendment 29. They consist on the website of the Supreme Court fourteen hearings held so far, with the themes:

1. Research on embryonic stem cells (20/04/2007);
2. Import of used tires (06/27/2008);
3. Termination of pregnancy - anencephalic fetus (26 and 28/8/2008 and 16/9/2008 and 4);
4. Affirmative action policies of access to higher education (3 to 5/3/2010);
5. Prohibition - prohibiting the sale of alcoholic beverages in the vicinity of highways (7 and 14/05/2012);
6. Prohibition of the use of asbestos (24 and 08.31.2012);
7. New regulatory framework for pay TV in Brazil (18 and 02.25.2013);
8. Electromagnetic field of power transmission lines (6 to 08.03.2013);
9. Burning in sugarcane (04/22/2013);
10. Prison Regime (27 and 05.28.2013);
11. Judicialization the right to health (27 to 29/04/2009 and 4 to 7/5/2009);
12. Financing of election campaigns (17 and 06.24.2013);
13. unauthorized biographies (21 and 22.11.2013);
14. More Medical Program (25 and 11.26.2013).

Initially called only for 27 and 28 April 2009, the public hearing on legalization of health within the Unified Health System (SUS) occurred in 27, 28 and 29 April and 4, 6 and 7 May 2009. in order of 5 hearing the call of March 2009, the then chief justice, Gilmar Mendes, expressed the reasons for his call: *Considering the many requests [...] pending in the Supreme Court, which aim to suspend measures that determine the supply of various health services by the Unified Health System - SUS [...]; Whereas such decisions raise numerous allegations of injury to public order, security, the economy and public health; and whereas the general implications and the relevant public interest issues raised [...]* [5].

Gilmar Mendes begins discussions highlighting the importance of the issue and the realization of this public hearing, the first after the regulation of the Regimental Amendment 29. According to him, the intention is to give voice to people with experience and authority in the SUS topic, with the participation of various sectors of society, seek solutions to health problems and their legalization. For the chief justice, another justification that supports the audience is the breadth of the subject, because everyone is affected by judicial decisions that seek the realization of the right to health; the justiciability of the right to health gain such practical importance because it involves not only the right operators as well as public managers, professionals and civil society. The rapporteur states that the president of the Supreme Court received more than 140 requests to participate. As regards the legal consequences of the discussions, points out that the considerations

may be used generally by the various organs of the judiciary and for the instruction of any proceedings before the Supreme Court.

The minister then lists some cases involving questions relating to the effectiveness of Article 196 of the Federal Constitution Court that:

(a) the Appeal Suspension Injunctive Relief 223, involving experimental procedure not approved by the regulatory body, in which the plenary upheld the decision that determined the payment of expenses by the State of Pernambuco even without the approval of the procedure;

(b) Suspension of Injunction Request 228, it was necessary to weigh the right of citizens to places in intensive care units and the implications for public policy of the decision determining its facilities - the decision upheld the determination of the Union, the state of Ceará and the Sobral shift all patients in need of care in intensive care units (ICU) for public or private hospitals and initiate actions leading to the installation and operation of ten adult beds ten neonatal beds and ten beds pediatric. The measure was based on breach of Ordinance 1101, from 2002, of the Ministry of Health, which set the number of beds per inhabitants. The Supreme Court only suspended the daily fine set worth 10 thousand dollars, keeping the injunction in their other terms;

(c) Suspension of Trusteeship Advance 198, whose decision rejecting the Paraná state election to suspend the effects of Decision establishing the supply of medicine in more than 1 million reais annually to a child with a rare degenerative genetic disease. The drug, according to the medical certificates, was the only hope of improvement for the patient, and treatment withdrawal could jeopardize their physical development;

(d) Suspension of Early Trusteeship 268, rejecting the request of the city of Igrejinha (RS), which involved constant drug SUS list, but unavailable in the municipal pharmacy, said municipality required to provide the requested product.

At the end of the opening of the session, are put some questions: what are the practical consequences of the recognition of joint responsibility, whereby all - Union, states and municipalities - are considered responsible for providing a good or service on health for system structure and for public finances? Regarding own NHS management and the principle of universal system, drug prescriptions subscribed by private health service providers can subsidize lawsuits? Or should be required that the prescription is made by registered doctor in the NHS and that the judicial process is preceded by administrative order? The principle of system integrity necessary to examine the consequences of providing medicines and unregistered inputs atAnvisa or not indicated by the protocols and therapeutic guidelines for the NHS? Why prescription drugs are not yet registered? There will be a gap between the medical innovations and the development of protocols and therapeutic guidelines? There really therapeutic efficacy in non-standard medicines that have been granted by the judiciary? These drugs have equivalent therapeutic offered by SUS able to adequately treat patients? There therapy resistance to standard drugs? Why often SUS own health professionals guide patients to seek the Judiciary? Are cases of omission of public policy, the existing policy, or are there other interests involved? The study of SUS legislation will distinguish the demands involving the failure of a policy of those who seek to fulfill an omission of health manager? How can interfere with the judiciary acting?

The chief justice makes mention of studies of Amartya Sen, for whom the true development is more on improving the quality of life than on increasing the production of wealth and the development of a country depends on the opportunities available to people to make choices and exercise their citizenship [6]. mentions also the notion of Häberle 7 of the Federal Constitution of 1988 can be characterized as open, which makes it possible to open society Popper, or soft, to Zagrebelsky, which encompasses both the spontaneity of social life as the competition to take the political leadership [8-10]. As stated by the Minister Gilmar Mendes at the opening of the first session of the public hearing:

... in the context in which we live, of scarce public resources, increased life expectancy, expansion of therapeutic resources and multiplication of diseases, discussions involving the right to health represent a major challenge to the legal effect of fundamental rights. In conclusion, argued that radical positions that completely deny the action of the judiciary or to preach the existence of a subjective right to any provision of health are not equally acceptable. The output to the minister, it would be a balanced posi-

tion, able to analyze fully the implications of judicial decisions without compromising the fundamental rights of citizens and in particular the fundamental right to health [11].

The public hearing was an important experience for democratic debate about the right to health, expresses representation identified by the presence of public officials, medical professionals, lawyers, teachers and users of SUS. However, the discussion focused on three main issues: the dispensing of medicines, resource allocation and the function and the interconnection between the three powers.

The speeches of the public hearing focused on what Nancy Fraser calls the legal, administrative and therapeutic procedures, which require the strict interpretation of policy issues under these three prisms [12]. To redeem the debate to the question of need in health, the author proposes three stages: (i) struggle to establish or deny the political status of a need; (ii) fight over the interpretation of the need for power to define it and determine what can satisfy it; and (iii) the fight on satisfaction of need, seeking to ensure or deny the supply of certain need [13].

The objective of this study is to analyze the statements coming from the public hearing convened by the Supreme Court on legalization of health that took place on 27, 28 and 29 April and 4, 6 and 7 May 2009. The methodology incur the analysis of the arguments delivered these six-day session, with the identification of keywords and their frequency in the speeches.

Method

Data collection was done on the website of the Supreme Court, which provides documents and presentations made all our information and statements in shorthand notes and video [14].

The speeches of the public hearing were given by: Seventeen representatives from the legal department, between ministers, judges, Union lawyers, lawyers, prosecutors, attorneys, academics and representatives of the Federal Prosecutor; eleven representatives of civil society, including system users, and members of research institutions; eight representatives of the Ministry of Health and the medical field; and six public managers.

This is subject of exploratory analysis, undertaken in the light of the theoretical framework of Nancy Fraser, especially regarding the *definition of needs.*

Public hearing and needs according to Nancy Fraser

The Brazilian debate about the legalization of health has negative and positive arguments about the phenomenon. Negatively, the notions are exposed to budget finitude, individual character of demand and lack of technical medical parameters when the court decision. Positively, are raised the constitutional right to health, administrative inefficiency in service delivery and the role of judicial activity.

The public hearing was an important step in the debate because, as pointed out in the final speech of the Minister Gilmar Mendes, the participation of different groups in lawsuits of great significance for the whole society plays an extremely important role in the integration of rule of law, ensuring new possibilities of legitimizing FTS trials under its primary task of safeguarding the Constitution and consigning, moreover, the importance of open spaces and consensus to build shared solutions, including through administrative channels. The minister stands as recurring themes: the need for the Constitutional Amendment 29, the democratic participation of society in the formulation of health budgets and the standardization and the definition of precise legal frameworks for public health policies.

Despite the diversity of participation, the discussion was restricted, as stated above, the three main subjects: the dispensing of drugs, the allocation of resources and the function and the interconnection between the three powers. Note that the first theme is central to the discussion, not only because one day audience was totally for your discussion under the title “pharmaceutical SUS assistance”, but also because 49 presentations at least tried it.

The importance of this issue seems closely related to the high cost of many needed drugs, the existence of programs that allow only certain drugs and the controversy over the distribution of drugs by SUS taken as experimental or not registered at ANVISA. Another issue regards to medicinal products obtained through the courts is the influence of pharmaceutical companies in the legalization process, raised theme in twelve expressions.

The allocation of resources was mentioned by nine people, with emphasis on healthcare underfunding issues (twelve lines), which also involves prioritizing health over other government spending, such as advertising and payment of public debt. In this matter, was also strong subject of discussion the

finiteness of resources, theme and eleven lines, and scarcity, this term of six presentations.

Moreover, most of the exhibitors considered that, although essential debate on how much and how to distribute existing budgetary resources, will still have to be addressed the issue that some goods, supplies and health services may not, because of the resources are finite, be public funding object, especially in the context of technological development and population growth. Also with regard to financial resources, the diversion of resources for health were the subject of eight events, with a clear need to improve the management of the system and its control both by society and by the institutions and bodies of the three powers.

The role and limits of each of the powers of the Republic were also applicants during the public hearing. The omission and inefficiency of the executive branch were expressed by nine people, with the frequent argument that the legalization process itself can be regarded as evidence that public policies and their implementation should be reconsidered and discussed democratically. Managers in health care have also been the object of attention, either by their responsibilities in that good management will lead to better use of resources and ensuring that public health services are efficient, either by unjust criminalization of their actions , since they are legally responsible even when no service or the refusal to make a well is not due to an act or omission of the manager, but the external factors, such as lack of resources.

The judiciary was defended as essential to realizing the right to health, considering that often guarantees citizens access to law administratively was denied. In just two theses was argued that, at times, is undue interference of the judiciary in public policy. However, we also realize it is the concern with the lack of technical knowledge of the judges in the cases in proposals, which could lead to the granting of drugs or inadequate benefits or more expensive than other available. How minimizer of ignorance, were proposed partnerships between the judiciary and technical committees. The occurrence of extreme determinations without hearing the arguments of public administration still was raised, and in four lines, quoted the resolution of prison health secretaries, a fact that was heavily criticized.

The omission of the legislature was also common theme, especially the need for the Constitutional Amendment 29 (twelve expressions). In a presentation, it was also pointed out the impossibility of regulatory administration, through normative acts of the Ministry of Health, programs and guidelines that should be legislative treatment object. Finally, the highlights were two themes: the need to rethink the legal system of patent protection, because of the high cost imposed on medicines (five events), and the inclusion of this issue in the context of bioethics (four speakers), which also can be used to help in finding solutions to the questions.

Note that the discussion of the public hearing, a lot of times, shifts the focus of the needs involved in lawsuits and incorporates relevant speeches to what Fraser calls pension system, which is organized with the interrelation of legal procedures, administrative and therapeutic resulting in the interpretation of political issues in these prisms.

The legal aspect requires a framework of requirements in the existing regulatory framework. The administrative aspect submits needs to bureaucratic and administrative criteria, putting citizens in petitioners' position in relation to the competent administrative institution to decide on their claims. Needs to be translated into administrative operations. The therapeutic aspect, created to offset the effects of the previous two, aims to fill the gap between the lived personal experience and administratively defined position. The legal-administrative-therapeutic system of the state apparatus prevents active participation, self-definition and self-determination of individuals, positioning them as mere passive clients or consumption of recipients [12].

These three components appear in the discussions. The legal aspect is clearly part listed in almost every speech, is called by legal professionals (judges, prosecutors, attorneys and lawyers) or by public managers when the defense of regulatory legal system of the right to health. The users themselves are used legal language, especially constitutional, to legitimize their claims.

The administrative aspect is recurrent in the statements of public officials. The main argument in this sense refers to the need for the Administration to impose rules and procedures to ensure more rational use of public resources. Moreover, the exhaustion of the administrative proceedings, including the use of the entire public health system, is advocated as essential to the realization of the right.

The third element, called therapeutic, seeks to fill any gaps in administrative action and, in the Brazilian context, can be classified in various state institutions such as the public defender and public ministries, authorities seeking to reduce the gap between the lived experience of citizens and the long

journey of obtaining administrative framework and demand. Thus, some state officials propose mechanisms and intermediate processes to address inefficiencies in the administrative actions with the support of subsidiary bodies. The examples of the cities of São Paulo and Rio de Janeiro are cited, with broad participation of the Public Ministry, the Public Defender and the Attorney.

Another reference that you can get in Fraser to analyze the speeches of the public hearing referred to the need as an important part of political discourse [13]. For the author, must be made three questions in relation to needs in health:

(a) that the State should provide in the health area and if there are such needs;

(b) If the state programs really meet the needs they aim to satisfy or if, instead, misinterpret those needs;

(c) What are the exact needs of various social groups and who has the last word in this definition.

The hearing of speech too focused on the first question, unstructured and without dialog reflection. Focus discussion on whether the state should provide certain drug very high cost to some individuals and minimizes impoverishes the debate, as depoliticizing the discussion about the need for such a service and on public debates that are necessary to justify such decisions. The second point, which deals with the issue of effectiveness of state programs, in turn, is quite commented, mainly in the Brazilian context of corruption and mismanagement of public resources. However, this is not related to the following reflection point on the misinterpretation and definition of needs. The issue of jurisdiction over the definition of needs was the most deficient item in presentations, having appeared in just a few lines of non-governmental institutions and representative civil society [13].

It is necessary to quote a few lines that represent exceptions to this analysis. Notable lawyers in what is perceived: a reflection on the three issues raised by Fraser, with emphasis contrary to merely legal-administrative-therapeutic aspect of solving problems when the legalization of health; reflection on the individual versus collective dichotomy helped expand the discussion by proposing not exclusive alternatives and a broad conception of universal access to health services; and the need for broad discussion on the three nodes raised by Fraser - what, who and how they should be met the needs in healthcare.

Also noteworthy are the lines: medical and representatives of UHS users, who have criticized the State mechanisms established to define rules and policies concerning what will be provided by the State and to whom; and representatives of civil society, which brought on the one hand, the concern with the economic aspect of the injustice that pervades the arguments of scarcity and rational allocation of resources, and on the other, the emphasis in the third part listed node by Fraser, that is, as justice must be done, that is, dialogical and transparent decision-making process.

Final considerations

The pension system described by Fraser, applied to the Brazilian case and supported by several lines at the hearing, makes the realization of the right to health, which by their nature agility demand, via multiple applications and instances, with requirements, procedures and rules . Thus, it generates often negative demand, either by lack of foresight in administrative rules or by inefficiency in service delivery. Moves then the focus for correction, improvement or extension of legal, administrative and necessary therapeutic procedures, forgetting the bigger issue, which is the need for a citizen that needs to be answered. The talks about needs should work as a means of *making and questio*ning the policy objectives [13].

However, often the discussion needs assumes that term as self-evident, without the express its political and controversial degree. Fraser argues that needs are interpretations needs with highly subjective degree. Then proposes a shift in focus: the need for analysis of discourses on needs. According to her, you also need the displacement of the needs of policy vision, understood as pertaining to the distribution of satisfactions, for the interpretation of policy needs, clarifying the contextual nature and questionable claims [12].

For Fraser, the political discourse on needs covers three times. The first struggle to establish or deny the political status of particular need, that is, to validate a need as a matter of legitimate political concern or as apolitical issue. The consideration of an issue as political is not intrinsic, but defined according to culture and social context, and thus depend on the engagement of social movements for recognition. In the second phase, there is the struggle for interpretation needs, the power to define them and determine what can satisfy them. Finally, refers to the struggle on the satisfaction of needs, seeking to ensure or deny your supply. The struggle for hegemony of interpretation needs usually points to future performance of the State [13].

The author raises further difficulty the recognition of needs: successful when the politicization of a need, entering the social ground in seeking state provision, social movements tend to get a bureaucratic reset your individuality and need through the repositioning of the subjects which become individual cases rather than members of social groups or political movements of participants. It requires, then, new opposition struggle the need for administrative and therapeutic interpretations offered by the experts.

In conclusion, there is the calling of initiative in a public hearing by the Supreme Court, to assimilate information, enabling the debate and bring the discussion different positions and sectors involved in public health in Brazil, as an important step in building a culture democratic, applied not only to the executive and legislative branches, representative of citizens through voting, but also the judicial milieu, which is often imbued with a technical posture and free from political participation. Despite the short time allocated to each presentation, the material available is plentiful.

It is noticeable that some theses are repeated, but the wealth of the audience is the possibility for the submission of counter-arguments, leaving clear the need for removal simplicistas claims and without empirical evidence. The public hearing in the Supreme Court can be a step in the struggle over the interpretation of needs. The inclusion of users of health services is, and will still be, essential to the legitimacy of that struggle. The definition of societal needs is a decisive factor for the discussions, which can be locked as their satisfaction and the State guarantee of protection.

With the 1988 Constitution and the organization of SUS, the needs in health achieved great recognition in legislation and Brazilian administrative structure. The second moment of struggle provided by Fraser is therefore essential in our current system - the struggle for interpretation needs, the power to define them and determine what can satisfy them - leading finally to the third moment of political discourse on needs.

Referências

1. Brasil. Lei nº 8.625, de 12 de fevereiro de 1993. Institui a Lei Orgânica Nacional do Ministério Público e dispõe sobre normas gerais para a organização do Ministério Público dos Estados e dá outras providências. Diário Oficial da União. Brasília, v. 131, nº 31, p. 1.997-2.004, 15 fev 1993. Seção 1.
2. Brasil. Lei nº 9.784, de 29 de janeiro de 1999. Regula o processo administrativo no âmbito da Administração Pública Federal. Diário Oficial da União. Brasília, v. 137, nº 21, p. 1-6, 1º fev 1999 (retificado em 11 mar 1999). Seção 1.
3. Brasil. Lei nº 9.868, de 10 de novembro de 1999. Dispõe sobre o processo e julgamento da ação direta de inconstitucionalidade e da ação declaratória de constitucionalidade perante o Supremo Tribunal Federal. Brasília, v. 137, nº 216, p. 1-3, 11 nov 1999. Seção 1.
4. Brasil. Lei nº 9.882/99, de 3 de dezembro de 1999. Dispõe sobre o processo e julgamento da arguição de descumprimento de preceito fundamental, nos termos do § 1º do art. 102 da Constituição Federal. Brasília, v. 137, nº 232, p. 2-3, 6 dez 1999. Seção 1.
5. Brasil. Supremo Tribunal Federal. Despacho de convocação de audiência pública. [Internet]. Brasília, 5 mar 2009. [acesso 1º jun 2013]. Disponível: http://www.stf.jus.br/arquivo/cms/processoAudienciaPublicaSaude/anexo/Despacho_Convocatorio.pdf
6. Sen A. Desenvolvimento como liberdade. São Paulo: Companhia das Letras; 2000.
7. Häberle P. Hermenêutica constitucional: a sociedade aberta dos intérpretes da Constituição: contribuição para a interpretação pluralista e "procedimental" da Constituição. Porto Alegre: Sergio Antonio Fabris; 2002.
8. Verdú PL. La Constitución abierta y sus enemigos. Madri: Beramar; 1993.
9. Popper K. A sociedade aberta e seus inimigos. 3ª ed. São Paulo: Itatiaia; 1987. Co-edição com Edusp.
10. Zagrebelsky G. El derecho dúctil: ley, derechos, justicia. Madri: Trotta; 2003.
11. Supremo Tribunal Federal. Notas taquigráficas [Internet]. Brasília; 2009 [acesso 1º jun 2013]. Disponível: http://www.stf.jus.br/portal/cms/verTexto.asp?servico=processoAudienciaPublicaSaude&pagina=Cronograma
12. Fraser N. Unruly practices: power, discourse, and gender in contemporary social theory. Minneapolis: University of Minnesota Press; 1989.
13. Fraser N. Talking about needs: interpretive contests as political conflicts in welfare-state societies. Ethics. 1989;99(2):291-313.
14. Brasil. Supremo Tribunal Federal. Notas taquigráficas. [Internet]. Brasília, 5 mar 2009 [acesso 1º jun 2013]. Disponível: http://www.stf.jus.br/portal/cms/verTexto.asp?servico=processoAudienciaPublicaSaude&pagina=Cronograma

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