Difficulties of an ethical nature involved in the National Oral Health Survey 2010

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Abstract

The objective of this study was to identify and analyze the ethical difficulties present in the *Pesquisa Nacional de Saúde Bucal de 2010 (*National Oral Health Survey). This is a qualitative research, in wich interviews were carried out with 12 members of the Management Group and the Advisory Technical Committee of the Ministry of Health, in addition to two coordinators, one State and the other Municipal. The discourse of the collective subject technique was used. Six central ideas were identified, among which are convince the municipal manager who does not want to release the professional to carry out the research; to negotiate in places where the Municipal and State administrations are from different political parties. The refusals to participate took place at two levels: dental surgeons and municipal health managers. In both cases, there is an important violation of responsibility, both individual and public.

Keywords: Health surveys. Ethics. Health manager. Professional autonomy. Oral health.

Resumo

Dificuldades éticas na realização da Pesquisa Nacional de Saúde Bucal 2010

Objetivou-se neste estudo identificar e analisar as dificuldades éticas na realização da Pesquisa Nacional de Saúde Bucal de 2010. Trata-se de estudo qualitativo, no qual foram entrevistados 12 membros do grupo gestor e do Comitê Técnico Assessor do Ministério da Saúde, além de dois coordenadores, um estadual e outro municipal. Utilizou-se a técnica do discurso do sujeito coletivo na sistematização dos depoimentos. Foram identificadas seis dificuldades centrais, entre as quais: convencer o gestor municipal a liberar o profissional para fazer a pesquisa; e dialogar nos locais em que as gestões do município e do estado são de partidos políticos diferentes. As recusas em participar da pesquisa nacional foram principalmente de cirurgiões-dentistas e gestores municipais de saúde. Em ambos os casos, constata-se grave violação da ética da responsabilidade individual e pública.

Palavras-chave: Inquéritos epidemiológicos. Ética. Gestor de saúde. Autonomia profissional. Saúde Bucal.

Resumen

Dificultades de naturaleza ética en la realización de la Investigación Nacional de Salud Bucal 2010

Este estudio tuvo como objetivo identificar y analizar las dificultades de naturaleza ética presentes en la realización de la Pesquisa Nacional de Saúde Bucal de 2010 (Investigación Nacional de Salud Bucal). Se trata de una investigación cualitativa, en la cual se realizaron entrevistas con 12 miembros del Grupo Gestor y del Comité Técnico Asesor del Ministerio de Salud, y con dos coordinadores, uno estadual y otro municipal. Se utilizó la técnica del discurso del sujeto colectivo. Se identificaron seis ideas centrales, entre ellas: convencer al gestor municipal que no quiere autorizar al profesional para la realización del estudio; dialogar en los lugares en los que la gestión municipal y estadual recae en partidos políticos diferentes. El rechazo a participar se dio en dos niveles: dos cirujanos dentistas y dos gestores municipales de salud. En ambos casos, se evidencia una importante violación de la ética de la responsabilidad, individual y pública.

Palabras clave: Encuestas epidemiológicas. Ética. Gestor de salud. Autonomía profesional. Salud bucal.

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Declaram não haver conflito de interesse.

Ethics, in the broad sense [1], is a prerequisite of legitimacy; therefore, something can be both legal and illegitimate. If an action, for example, has no ethical justification, its legitimacy is compromised and can not be ensured even by virtue of the law. In this regard, Pfeiffer [1] argues that a law can be considered illegitimate if it is not ethically grounded. Although legality and legitimacy refer to different dimensions, health practices should seek to obey both.

Given this, it can be affirmed that population surveys conducted within the scope an of the Unified Health System (SUS) are legitimate, since they have both legal support and ethical foundation. Its legality is guaranteed by Law 8.080/1990, which determines the use of epidemiology to define priorities and, consequently, the allocation of resources [2]. As for ethics, it derives from the potential contributions to public health services, as surveys generate useful knowledge to identify and understand the needs of the population.

In view of this, there is a growing appreciation of health surveys in Brazil, which differ in theme, data collection methods, target population and periodicity [3]. These methodological and operational options present specific difficulties in formulating and implementing surveys. For example, Brazilian territorial extension and local and regional diversity are obstacles to surveying national needs that are evidently not present in municipal surveys [4], and the difficulties of telephone inquiries are not the same as in the case of domiciliary surveys.

The Política Nacional de Saúde Bucal - PNSB (National Oral Health Policy), launched in March 2004, advocates the use of epidemiology to subsidize planning and to strengthen health surveillance, constantly monitoring *damages, risks, and determinants of the health-disease process* [5]. For these assumptions of the PNSB to be effective, it is necessary to have epidemiological knowledge and mastery of its tools, population health surveys being among these tools [6].

Based on this, the Brazilian Ministry of Health established the Comitê Técnico Assessor - CTA (Advisory Technical Committee) to structure and implement the Vigilância em Saúde Bucal – VSB (Oral Health Surveillance strategy) in the PNSB (CTA-VSB), by means of Ordinance 939/2006 [7]. The CTA -VSB, in addition to other duties, must monitor the epidemiological situation in the area of Oral Health [7]. In April 2009, the CTA-VSB began the elaboration of the "Pesquisa Nacional de Saúde Bucal – Projeto SB Brasil 2010" (National Oral Health Survey - Brazil SB 2010 Project), which gave rise to the research analyzed, being a strategic element in the Health Surveillance of the PNSB [6].

The technical and operational project of SB Brazil 2010 ("Brazil Oral Health 2010) was submitted to public consultation and then to the Comissão Nacional de Ética em Pesquisa - Conep (National Commission for Research Ethics). Its execution was the responsibility of the eight Centros Colaboradores - CECOL (Collaborating Centers) in Oral Health Surveillance of the Ministry of Health, headquartered in institutions of higher education in the Center-west, Northeast, Southeast and South regions of the country. The federative units were distributed among the CECOLs, and each CECOL had about 22 municipalities. In addition, each CECOL indicated a representative to be part of the research group, in charge of maintaining contact with the state and municipal health departments [8].

SB Brazil 2010 was the last of the four national oral health surveys conducted in the country. It is a multi-center study that involved the three management spheres of SUS (municipal, state and federal), as well as other sectors, such as higher education institutions. Household examinations were carried out in 177 municipalities with varying demographic proportions, in the five regions of the country.

In addition, the SUS professionals themselves integrated the field teams, that is, no research institutes were hired [4]. The intention was for health workers to appropriate the epidemiological method and thereby improve their practices at the local level [9]. This option was evaluated positively by people who acted as coordinators in the survey [10]. SB Brazil 2010 had the support of about a thousand teams [4], trained and calibrated before data collection. From this perspective, the objective of this study was to identify and analyze the ethical difficulties encountered in the accomplishment of the SB Brazil 2010 epidemiological survey.

Methods

This study is part of the broader research carried out with SB Brazil 2010 managers. The case study was used as a qualitative method, according to the assumptions of Yin [11]. Key informants were selected among members of the survey management group, since they participated actively in the field work, a stage in which the greatest ethical impasses arise. As mentioned, this group consisted of ten people nominated by CECOL to support states and municipalities.

The first interviewees were identified through the final report of SB Brazil 2010. In addition, the

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"snowball" technique was used, that is, after each interview, an indication of possible participants was requested. Two members of the manager group were not included in the first list of probable informants since their attributions were not similar to those of the others because they worked in the Ministry of Health, they were responsible for the institutional support of the survey and did not participate directly in the field work. However, several respondents indicated the name of one of them in the "snowball" technique, and that is why he was invited to this study. Members of the CTA-VSB who, according to the interviewees, were closer to the management group, as well as local and regional coordinators, were also mentioned in the "snowball" technique.

The data were collected through individual interviews with semi-structured script, conducted by the researcher responsible for the study protocol, being recorded and transcribed. Participants were contacted in person or by e-mail to define the place, date and time of the interviews; three of them took place in an academic meeting of the collective health area, and the others in the states of origin of the informants. The question that gave rise to this article was: "considering your experience in SB Brazil 2010, what difficulties would you highlight in a population survey of this magnitude?" The Collective Subject Discourse ("Discurso do Sujeito Coletivo", DSC) technique was used to organize and systematize the testimonies, and the analysis followed the DSC stages described by Lefèvre and Lefèvre [12].

The project that originated this study was approved by the Research Ethics Committee of the School of Health Sciences of the University of Brasília. All steps of the Free and Informed Consent Process were followed.

Results

A total of 14 interviewees from 11 states and the Federal District participated in this study, nine of whom were members of the management group, three from the CTA-VSB and two coordinators, state coordinator and a municipal one. There was one refusal. The responses of the interviewees about the difficulties inherent to a survey of the magnitude of SB Brazil 2010 resulted in the following central ideas: 1) convincing the municipal manager to release the professional to carry out the research; 2) dialoguing in the places where the municipal and state administrations are from different political parties; 3) making the municipal manager understand the importance of the study, although the data is not applicable at the local level; 4) dealing with the "irresponsibility" of macro-politics in referring people without a profile to management positions; 5) convincing professionals of the importance of surveys such as SB Brazil 2010; and 6) getting access to census sectors drawn in contexts of violence. These ideas are then followed by their DSC.

Central idea 1 - Convincing the municipal manager to release the professional to carry out the research

"We had difficulties with local management in order to release the professional to carry out the research. In a capital, for example, I had to negotiate this with the municipal coordinator: 'Look, it's not necessary for the team to spend 40 hours doing the research. We can split this, he can stay 20 hours in the search and 20 hours in the assistance. 'But there was another problem: the professionals had a 40-hour contract, but they did not work 40 hours. Sometimes you have professionals who want to participate and the manager does not allow it, does not want to. This occurred in a small town, where a professional had problems with the management, who argued, 'No, you're going to be a long time without being in your oral health team, which is part of the Strategy.' The municipality removed him from the position and prevented him from participating in SB Brazil 2010. Unless there is a mistake, this municipality had only one or two teams. If it had already banned a professional, any other professional would be impossible to get. These difficulties of understanding the project occurred despite the fact that it was presented and agreed upon by the Comissão Intergestores Tripartite - CIT (Tripartite Inter-agency Committee). Theoretically, people who represent state and municipal managers, good or bad, are in the CIT to represent. Because they did not have this knowledge, some municipal managers generated difficulty in conducting the process at the local level. So, the political interest is important for this to happen, because we feel a very big difference when the manager is sensitive to initiatives such as SB Brazil 2010. It depends, therefore, on the profile of who is doing things, to understand epidemiology is important for policy planning and evaluation."

Central idea 2 - Dialoguing in the places where the administrations of the municipality and the state are from different political parties

"Political issues get in the way a bit. If others have the idea, sometimes it is more difficult. In one state,

for example, the state and municipal coordinators were very receptive and solicitous with me for the organization and execution of the survey. But it had an internal political problem: the municipal and state administrations were from different parties. Then, sometimes, the state had some difficulty in coordinating, organizing and operating in the capital. Sometimes you need to have dialogic strategies, sit at the table, say, 'Look, can we agree? It is not for the PT (Worker's Party) , it is not for the political gain of Lula, Gilberto Pucca. We are building another step, one more movement for the Unified Health System, being PSDB, DEM, PT, whatever. Is this not a municipality that wants to build its health system well? Do you not want to have a good organization of the oral health subsystem? We have to do this'. You build images that hold management accountable. The political issues are perhaps the most difficult to deal with."

Central idea 3 - Making the municipal manager understand the importance of the study, although the data are not applicable at the local level

"We work with the idea that who does the research is the dentist of the municipality drawn to compose the sample. Then you have to get there and say to the manager: 'Look, your county has been raffled and we will do an oral health survey here. You will not spend much of anything, but you must release your professional. ' In the capitals it was necessary to release at least 10 dentists to compose 10 teams. In some municipalities, one to two dentists, varies. The municipal manager replies: 'Cool, in the end I will have data to see how oral health is in my city.' The problem is that the research is not inferential for the municipality, that is, the data of SB Brazil 2010 has no programmatic application to the local level because it is not representative. Then we clarify: 'There is a problem. This is a nationally based survey that will give the oral health profile of Brazil, capitals and the Federal District. If you want, you'll have to go in with the capital. ' Then he replies: 'But I'm already releasing my professional, to whom I pay salary. I'm participating, that's what I can do.' I think this was the first difficulty, to make managers understand that it is an important research for the country, capitals and macro-regions; and that his municipality had been drawn. Then he saw that it was no luck: 'But what luck is that? I'm going to release my professional and I will, for two, three months, have the population complaining that I will be have one dentist short in the health facility and I will not have the results to plan and evaluate my services.'"

Central idea 4 - Dealing with the "irresponsibility" of macro-politics in referring people without a profile to management positions

"There are States that do not have the figure of the oral health coordinator. We did not know whom to turn to, we went looking. In addition, it has the irresponsibility of macro-politics to indicate people with no profile. There was a state that appointed a senior in law school. So she was my interlocutor. Not that it was a problem, quite the opposite. She made a huge personal effort. It was not bad to work with her, but it's an irresponsibility of macro-management and macro-politics. In the first workshop in a state that gave us a lot of work, the people most traditionally associated with collective oral health and the dental entities did not know the oral health coordinator of the state because it had been an indication of the allied party bases. A completely neophyte person. People simply did not know the person. Someone who had just graduated six, three months earlier. Who did not know the organization chart of the State Department of Health. Imagine what it is to put a project of this magnitude to be managed by someone with this training."

Central idea 5 – Convincing professionals of the importance of surveys such as SB Brazil 2010

"The first task is to convince professionals of the importance of surveys such as SB Brazil 2010 because some feel that their duties are the more clinical ones. The first thing the professionals in a capital said was, 'No, forget my name. I do not want to do it because it's too tiring. I'd rather stay in then clinic.' Many want to reproduce the practice of private practice in the SUS ("Sistema Único de Saúde", the Unified Health System). In another municipality, the dentists came to a regional workshop and said, 'I do not want to, I will not do it'. Not all professionals have the profile, some come kind of forced or interested in some financial gain that does not exist or is virtually nil. But the fact is that in the normalization of the role of the Family Health Team, especially the ("Programa de Saúde da Família", PSF), the question of coordination and understanding of the local diagnosis of the surveys is raised. Even the objective of the inclusion of the Oral Health Team in the Family Health was to reduce oral health indicators and improve the population's access to oral health actions. So it's obvious that to reduce indicators I need to know the reality; and the epidemiological inquiry is one of the tools for this. I think this has to be worked out, both in services and in training institutions. We need to better qualify our human resources while they are in the

undergraduate school or as soon as they enter the Unified Health System, so they know what the duties are for a SUS professional."

Central idea 6 – Getting access to census sectors drawn in contexts of violence.

"We had professionals who even paid the pass to the drug dealer, to the community leader to carry out the investigation. In a relatively small municipality we were absolutely prevented from accessing one of the sectors that had been drawn because it was overrun by traffic. Then, in a capital, the professionals made an agreement with the health center, because they could not enter at any time. They had to leave at 4 o'clock in the afternoon because it was very violent. There was another situation in which the municipal coordinator chose a place to do the calibration that was a very dangerous place in the city, an area of risk from drug trafficking. Even the instructors had already talked to her that it was not a good place because of these issues. She said it was quiet, that the family health team worked well. There was a serious problem in the area during the calibration process. There was a shooting and the instructors were escorted by the police. In addition, some field teams were robbed during data collection. So I do not know if the professionals complied with the rules that said to only talk to who was indicated on the sheet and to follow the correct side of the block because there were moments of tension."

Discussion

The municipalities that integrated the SB Brazil 2010 sample were randomly selected. According to the interviewees, some municipal managers refused to participate in the survey, especially after being aware of the difficulties arising from the field activities. Performance of the domiciliary exams by the health teams reduced or interrupted attendances in SUS units and services. These changes, even if provisional, in the daily routine of health services are not accepted by the manager who bases his actions on quantitative measures of productivity, and not on epidemiological indicators.

SUS managers have ethical responsibilities inherent to the position they occupy in the system. Knowing the epidemiological profile is one of them, because municipalities that ignore the health situation of their population are unable to reconcile political decisions and local reality in a responsible way. However, the survey does not allow the generation of representative data for each site, which partly explains the perception of managers who saw no use for their municipality in participating in this national effort.

On the other hand, this vision operates on the immediate level of actions, and it is difficult for many of these managers to understand that collaboration with SB Brazil 2010 would provide health teams with learning and experiences that would later enable a similar survey to be carried out covering only municipal indicators . At SB Brazil there was training and improvement of health teams, which, if used well, could integrate the municipal policy of permanent education in health, as happened in several municipalities.

In addition, as reported in one of the DSC, some managers chose to make the decision on SB Brazil 2010 a partisan one, taking it as political currency. As a result, they refused to support a national inquiry of irrefutable public interest and with which everyone should commit themselves, regardless of the political party of the mayor or the governor. What was an effectively national initiative was perceived narrowly as something of interest only to the federal government. Therefore, these managers made decisions as if the future of oral health services was not within the scope of their function.

Both situations refer to the concept of the ethics of public responsibility [13]. According to Kuiava, *from the point of view of public management, responsibility can be understood as the capacity of the public manager to feel committed to responding to or fulfilling a task that is his without any external pressure to his ethical conscience* [14].

According to Barata [15], data produced by population-based surveys *generally cannot be disaggregated for use at the local level*. Less comprehensive and, therefore, more feasible studies in terms of time and cost are more appropriate to meet the demands of local management of the SUS [16]. However, nationwide or even statewide population-based surveys are invaluable opportunities for municipal teams to develop, expand or improve their qualifications. According to the interviewees of this study, however, the non-representativeness of SB Brazil 2010 for the municipality made it difficult to involve some managers, who saw an alleged collision between the interests of the municipality and the wider community, object of the investigation.

This aspect, which emerged quite clearly in this study, refers to an unanalyzed dimension of contemporary constraints and impasses in the

process of health municipalization in Brazil: the role of the municipality as a federative entity in Health Surveillance initiatives. Scopes and objects of these initiatives are not always subject to "cuts" in the legal-administrative boundaries of the municipality, but, on the contrary, they concern the health interests of regions, macro-regions and the country.

The municipalization of health was crucial to make decentralization an organizational principle of SUS, especially in the first two decades of the system's construction. However, Campos and Campos warn that *although we have certain general rules to regulate the SUS, there is an almost absolute autonomy for each municipal secretary to decide according to which principles or logic will organize the local system* [17]. From a public health perspective, whether it is ethically appropriate for a manager to determine the relevance of whether the municipality under its administrative authority participates in a national inquiry.

The responsible exercise of municipal autonomy should include collaboration in collective and public utility projects that are of interest to the whole country and not only at the federal level, even if such collaboration does not result in immediate benefits at the local scale, as is the case of SB Brazil 2010. We do not intend to discuss political-administrative motivations, but to investigate the ethical significance of the decisions of municipal authorities.

A national survey is influenced not only by political but also technical and institutional factors. The nature and intensity of these factors determine differences between municipalities and states in the rhythm of the planned stages. In the evaluation of the interviewees, some problems interfered in a substantial way in the execution of the project, such as *the lack of professionalization of managers, the reproduction of clientelist and corporate practices in the appointment of occupants of management positions, and political party interference in the functioning of the services, items listed* by Paim and Teixeira [8] as obstacles to *the full development of the SUS*. Practices considered to be undemocratic, such as clientelism, and the lack of preparation on the part of those who hold positions of coordination and leadership in the three spheres of government of the SUS make it difficult, and sometimes unfeasible, to develop actions with requirements of managerial competence and ethical-political commitment.

According to the interviewees, some SUS civil servants - many of them holders of public offices ("effective servants") - did not accept to participate in the SB Brazil 2010. Such refusal was especially problematic in municipalities of up to 20 thousand inhabitants, which often relied on only one dentist. In such cases, in order to guarantee the permanence of the municipality in the sample, the state coordinations had to assume local prerogatives.

Most of these refusals were related to the perception of oral health professionals about their work, often reduced to assistance to individuals. However, the attributions of a SUS worker have a dual nature - technical-assistance and politico-social - and are complementary. Therefore, a holder of public office in an institution that is part of SUS should not restrict his field of professional activity to the health care sphere, but consider all actions of health promotion, disease prevention and, in a broad sense, health surveillance, including population surveys.

Despite this, some professionals, such as those who refused to participate in SB Brazil 2010, chose to restrict their activities to the technical-assistance nature, not recognizing the commitment of their position with the population survey. They act as if they were professionals in the private sector, whose actions respond more to the logic of health as a commodity than as a social right. In other words, it is not about individuals linked to the private initiative, but about those responsible for public office, which makes them agents of the State. It is the refusal to assume this role that is the focus of this discussion.

It should also be emphasized that epidemiological surveys can not be understood as sporadic or optional action, mainly by the oral health teams of the Family Health Strategy, since epidemiology is paramount to planning activities in basic care [19]. It is, therefore, the responsibility of the health professional. For Campos, *by radically cutting down his own object of work, by excluding the other dimensions of reality under different pretexts, [the professionals who do so] will always reduce, as a consequence, the ethical commitment to the reproduction of life* [20].

There is no question of the need to recognize and guarantee the autonomy of SUS professionals. However, it is worth considering that *autonomy is a concept incomplete in itself. It completes itself with, by and in alterity* [21]. Therefore, it must come accompanied by the responsibility for the problems of others. There is no way to exercise autonomy without having freedom.

On the other hand, responsibility for the other must precede freedom, that is, the existence of individual freedom should not be seen as harm to the other, but as responsibility towards the other [22].

Based on the thought of Lévinas [23], it is expected that the SUS professionals, in front of collective projects like SB Brazil 2010, try to see the face of the other as it is, that is, inevitably different from their own, but deserving of their responsibility. It does not matter exactly what the "face of the other" is, whether it is the city dweller who benefited from the actions of the survey, the co-worker who participated in the data collection, the calibration instructor or even the coordinating team member.

For Barros [24], population surveys with data collection at home raise some ethical issues that require discussion, *such as the risk involved in interviewers' work, especially in situations of intense urban violence, a difficulty reported by the interviewees*.

The empirical and theoretical accumulations increased the complexity of the SB Brazil 2010 sampling plan in relation to the previous survey completed in 2003. In the 2010 survey, field teams needed to traverse many blocks, and access to households was particularly problematic in municipalities in which the drawn census sectors comprised two diametrically opposed forms of organization of the urban environment: 1) closed condominiums and subdivisions; 2) subnormal clusters (favelas and the like) [25]. Much of this difficulty can be attributed to urban violence, which is one of the factors that increase the proportion of non-response in surveys [24,26].

The undertaking of SB Brazil 2010 in places with high levels of violence depended on the articulation between the public power and community leaderships. According to the interviewees, the field teams have used strategies as a restriction of data collection at times considered safe. It is important to highlight the role of community health agents ("Agentes Comunitários de Saúde", ACSs) as mobilizers of the population in municipalities with high coverage of the Family Health Strategy. The proximity of these professionals to the population made the presence of examiners and researchers possible in risk conglomerates, mainly in the capitals. In initiatives such as SB Brazil 2010, ethical values of solidarity and cooperation are essential to achieve the objectives. Solidarity is the "moral necessity" to support the other [27] which serves as a substrate for building links of cooperation, as seen in the practice of ACSs.

Without aiming to enter the sociological sphere, it should be pointed out that violence is *the object of intersectoriality* [28] and, therefore, should be included in bioethical reflection, as well as *the impact of violence on the organization, on the functioning of services and on the costs of the health system* [29]. The interviewees speak of the ethical concern with the physical and mental integrity of the individuals who were part of the field teams, since working with populations in situations of violence exposes the professionals to additional risks.

In an investigation such as SB Brazil 2010, this observation should lead public authorities and society to take an ethical commitment to protecting these workers, acting with transparency and reciprocity. In other words, these teams must be assured that they will be adequately informed of potential harm and that there will be institutional support to prepare them to identify, and act in, emergency situations [30].

Final Considerations

Refusals to participate in SB Brazil 2010 occur on two levels. In the first one, the denial of dental surgeons - sometimes the only ones in their municipalities - undermined the performance of the survey in some places, showing the indispensability and, at the same time, the lack of autonomy.

It is ethical to ensure the autonomy of public health service professionals, but in return these professionals must assume responsibility for the other. Therefore, the arguments about whether to participate in the field teams should be based on the responsibility of all those involved in the survey.

In specific contexts, violence was pointed out as one of the triggers of some ethical apprehension regarding possible damages to the teams, which would compromise the quality of the field work. However, no refusal by professionals to participate in the survey on allegation of vulnerability in violent urban environments was reported. It is worth reiterating that the basis of all refusals at this level was the lack of perception about the commitment of the work position with this type of research.

The other level of refusal comprises municipal health managers. Like SUS, SB Brazil requires articulation between the three spheres of government, which was done in the case analyzed. Still during the planning, the survey was negotiated in the Tripartite Inter-agency Committee, involving representatives of municipal, state and federal governments. But this was not enough because in several contexts this important investigation of the oral health conditions of the Brazilian population was reduced to mere partisan action, disregarding that the results of national surveys are of interest to governments, but also to the civil society.

When they refused to participate in SB Brazil 2010, both dentists and municipal managers denied the public relevance of national surveys. This reaction, in addition to expressing a significant limitation to the exercise of public functions in the sector, exposes the fragility of the training of these professionals regarding the ethical dimension of the work they perform. On the one hand, there is the restricted execution of care functions attributed to a dental professional; on the other hand, the harmful consequences of decisions taken by someone invested with the highest local sanitary authority.

Both situations show that participation in initiatives such as SB Brazil can not be understood as an option based on a mistaken concept of professional autonomy, nor be influenced by this or that government because of partisan interests. There is, evidently, a serious violation of the ethics of responsibility, both individual and public.

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Participation of the authors

Flávia Reis de Andrade conceived the project, analyzed and interpreted data and wrote the article. Paulo Capel Narvai and Miguel Ângelo Montagner contributed with the critical review of the contentes and the approval of the version to be published.

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