National Oral Health Policy and bioethics of protection in integral care

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Abstract

Public policies are organized actions the government undertakes to change a situation which is considered a problem; under this perspective, Brazilian National Oral Health Policy (PNSB) was established to take care of oral health problems of the population. The objective of this study is to discuss PNSB and bioethics of protection by the perspective of integrality health care. The inclusion of oral health care on Health Family Strategy (ESF), the guidelines of PNSB and the creation of the Center of Dental Specialties reflect the protective function of the State, which unfolds itself through activities of promotion, prevention, recovery and rehabilitation of health. Despite the enhancement of Brazilian Oral Health Policies, there is more to improve in order to attain integrality.

Key words: Bioethics. Public policies. Community dentistry.

Resumo

Política Nacional de Saúde Bucal e bioética de proteção na assistência integral

As políticas públicas são ações organizadas pelo governo para alterar uma situação dada como problema. Sob este enfoque, a Política Nacional de Saúde Bucal (PNSB) foi instituída como resposta aos problemas de saúde bucal da população brasileira. O objetivo deste trabalho foi abordar a PNSB sob a perspectiva analítica da bioética da proteção no contexto da atenção integral da saúde. A inclusão da saúde bucal na Estratégia Saúde da Família (ESF), as diretrizes da PNSB e a criação dos centros de especialidades odontológicas refletem o papel protetor do Estado com ações de promoção, prevenção, recuperação e reabilitação da saúde. Apesar dos avanços nas poliicas de saúde bucal no Brasil, ainda há muito o que fazer para que, de fato, o cuidado a saúde seja integral.

Palavras-chave: Bioética. Políticas públicas. Odontologia comunitaria.

Resumen

Politica Nacional de Salud Bucal y bioética de la protección en la asistencia integral

Las políticas públicas son acciones organizadas del gobierno para alterar una situación presentada como problema. Desde esta perspectiva, la Política Nacional de Salud Bucal fue instituida como respuesta a los problemas de salud bucal de la población brasileña. El objetivo de este trabajo fue abordar la PNSB bajo la perspectiva analítica de la bioética de la protección en el contexto de la atención integral de la salud. La inclusión de la salud bucal en la Estrategia Salud de la Familia (ESF), las Directrices de la Política Nacional de Salud Bucal (PNSB) y la creación de centros de especialidades odontológicas reflejan la función protectora del Estado con acciones de promoción, prevención, recuperación y rehabilitación de la salud. A pesar de los avances en las poliicas de salud bucal de Brasil, todavia hay mucho qué hacer para que, de hecho, el cuidado a la salud se lleve a cabo de manera integral.

Palabras-clave: Bioética. Políticas públicas. Odontología comunitaria.

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Aresearch article

Public policies are organized government actions to change a situation taken as problem. It is a project through which the State targets its priorities in actions and programs with social protection standard [1,2].

The process of designing health public policies involves the exercise of power and rationality for choosing priorities in view of the population several health needs. The designing of policies is under State authority and responsibility [3].

In spite of been exclusive government action, the designing of public policies takes place under the influence from sectors of society, external and internal, which have formal or informal participation in the process. Government permeability to accept or not stakeholders' influences is variable [2] and the designing of government agenda is presented as political product obtained through negotiation between those that demand and those resisting inclusion/exclusion of problems from public policy agenda [4]. Independently of involved political forces in determining public health policies, the major reference in guiding decision making is society's common good [3].

Public policy is an intentional action with objectives to be achieved, and it is not limited to rules and laws, and it involves implementation, execution, and evaluation. Government's agenda is not static and it depends on a set of social actors who demand inclusion or exclusion of new or old problems. In the case of Brazil, the role of State is constitutionally set as responsible for designing of public health policies that respond to population's real needs.

The State has, in addition to design policies, the role of supplier and regulator of health services. Therefore, oral health actions within the scope of basic, medium, and high complexity are duties to be enforced. In this sense, the State implemented the National Oral Health Policy (PNSB), in force since 2004, as attempt in responding to oral health problems of the Brazilian population [5] ` for example, tooth cavity and dental losses.

In spite of State's efforts in legislating health policies coherent to social reality, insufficient or limited articulation between health action in the Single Health System (SUS) compromises the population's quality of life, and makes integral health care difficult. The adopted public policy evaluation enables identifying what the State intends to do and what it really does [2].

Public health is understood as the set of disciplines and actions whose goal is to protect the health of populations in their natural, social, and cultural contexts. The study public health policy is a function of public health, which must have the protector role [6].

In this sense, public health evaluates health policies aiming at ensuring protection of citizens in vulneration status. In oral health context, public health policies must ensure to vulnerated subjects access to integral dental care.

The principle of protection enables ethical evaluation of such policies. Bioethics of protection reflects and discusses State responsibilities in providing its citizens' well-being, aiming collectiveness and not individualities in view of the several moral conflicts.

Thus, considering the State's protector role (collectiveness) and the prerogative that health is a right of the population ensured by Law, bioethics of protection shows itself as important to approach the dynamics feature of a public policy that offers integral care to population.

The objective of this paper was to discuss the National Oral Health Policy by means of bioethics of protection premises, in the integral health care perspective.

Bioethics of Protection

Bioethics is described as a set of concepts, rationale, and Standards that ethically value and legitimate human acts, whose effects have significant, irreversible, real or potential influences on vital processes. The etymology of the word *bios* remits to life,

or the human way of living. Bioethics would have the function to protect the quality of human life, been health one of the factors of this quality of life[6]. Protection is, then, understood as the attitude to provide safeguard or to provide for the essential needs of the human being.

In the above specified etymological contest, it is understood as essential needs those that, when satisfied, allow for the individual meets other needs or own needs. It is necessary to record that the principle of protection has some features, such as gratuity, that is, there should not be a previously ensured interest in order to develop protecting attitudes; the protection that, once assumed, becomes an commitment that cannot be renounced, connected to the coverage of the involved individual's needs [7].

The principle of protection does not allow that the protecting agent – hereto, the State – assuming its ethical obligations of social responsibility, to act without the consent of population [7]. Thus, the bioethics of protection would be part of the sanitary justice realm, and it is proposed to care for citizenship through prevention of illnesses and promotion of healthy environment. It should be also understood as a practical commitment, submitted to social will [6].

In order to principle of protection be complied at the time of moral evaluation of health actions, the conditions are: to consider protection whenever sanitary objective are accepted publicly as indispensable; to accept public health programs or policies implies certainty or high probability that proposed measure are necessary and sufficiently reasonable to prevent approached sanitary problems; once accepted as pertinent, the principle of protection should fully comply to its role, and it cannot be relegated for secondary reasons, since there is a social need to exercise protection with programmed actions [7].

As the moral principle of protection is irrevocable, involved agents, actions and their consequences should be defined cautiously in stage prior to implementing actions.

Determinations must be encompassed by social control, aiming to legitimize actions in view of the common needs and interests of the population [7]. Oral health problems of the population reflect health inequities. Inequities demand from bioethics of protection integral services proposals, in addition to needed services targeted to work on identified vulnerabilities, promoting greater equity.

Bioethics of protection is a subset of bioethics, comprising theoretical and practice tools, which intend to reflect on the problematic of *human praxis* and conflicts in public health, as well as those related to social aspects [8,9].

Gratuity, bonding, and coverage are features that the principle of bioethics of protection should present [10]. Bioethics of protection is presented as a good way to suitably approach moral problems related to public health [7], since it requires clear identification of objectives and involved actors in tis implementation, as well as specification of suitable means for its production [10].

Thus, in order to principle of protection be applied in public health suitably, it should be clearly stated who will be the protected or what will be protected in order to enable process operationalization. ParaIn order to achieve such objective, people should be clarified on which activities will be undertaken, as, otherwise, every and any action will become arbitrary, with paternalistic feature and ineffective [10].

Paternalist actions are characterized by definition of which acts will be beneficent to involved individual, even if repudiated by him, that is, actions according to paternalism do not depend on the involved subject's will. Thus, the principle of protection offers the possibility of ethical evaluation of public policies or health actions that are targeted to supply for the sanitary needs felt by the population, since it does not need a legitimated and identified group to act [7].

Research article

National Oral Health Policy

Since the beginning of the 20th century ot the development age, health policy in Brazil had been targeted to mass prevention of epidemics and endemics, aiming at not jeopardizing the agriculture exports, basis of the country's economy. Individual care in this period was characterized by the private liberal work of health professionals. Oral health service organization, as well as organization of other individual health care services was secondary issues within the scope of public health [11].

The State began to work in the oral health realm in 1950 with the Public Health Special Service Foundation (Sesp), whose oral health programs had as characteristics to assist and follow up 6 to 14 years old student. After the WWII, the "social welfare state" became worldwide evidence. In view of this, public policies were developed in several countries, inclusively in Brazil, for social protection of the population. At that time, individual medical and dental health care was supplied to the National Social Security Institute contributors and their dependents [11].

Dental care in the sanitary post-reform and SUS implementation period [12,13] was expanded in the country. The undertaking of national oral health conferences, epidemiologic assessments and inclusion of oral health teams in the Family Health Strategy (ESF) stood out as factors for oral health valuation in public health policies.

Inclusion of oral health in ESF occurred in 2001, after two ordinances were issued. Ordinance GM/MS 1,444, of December 28, 2000 [14], established financial incentive for oral health care reorganization rendered in Municipalities through the Family Health Strategy. In the following year, Ordinance GM/MS 267 [15], of March 6, 2001, approved standards and guidelines of oral health inclusion in the ESF, by means of Reorganization Plan of Oral Health Actions in Basic Care that definitively presented oral health as integral part of actions developed in SUS.

In 2004, the document *Guidelines of the - National Oral Health Policy* presented Ministry of Health actions to reorganized oral health care within the scope of the system` becoming the basic political axis for redirecting concepts and practices in oral health realm [5].

PNSB resulted in discussions with oral health state coordinators, theoretically basic in the proposals yielded dentistry and collective health meetings, as well as in the deliberations of the national health conferences and in the national oral health conferences [5]. The publishing of the *Guidelines of the National Oral Health Policy* reaffirmed the State commitment in providing oral health actions.

Perspective of integrality

Integrality is among the principles of SUS and it means to assist users in their needs, that is, to have their problems solved. NesteIn this article, the term integrality is linked to the concept of integrating actions in the public oral health sector. In this sense, integrality would be ensuring the access to all dental care technology, through continued flows between services, in solving oral health problems. Integrality of oral health services, mainly for those in vulneration status, is understood hereto as State protecting measure.

In Brazil, the State protecting duty is defined constitutionally as assurance to the universal right to health ` with oral health included in it [12,13]. In accordance with the principle of protection, the services made available by the State should provide for the essential needs of individuals, more specifically the right to oral health and protection of health determinant, in health promotion actions, prevention of diseases, health recovery and rehabilitation.

Integral care, in this trend, of human being's several needs, will be ensured under assistance point of view by health teams work by means of care lines (of children, of adolescent, of adult, and the elderly) or by means of life conditions (women's

health, worker's health, people with high blood pressure and diabetics, special needs carriers).

Health professionals should offer resolutive actions within the diverse universe of public health system users. Resolutive actions imply in sheltering, informing, assisting, and, if needed, referral of user to other service through a complete referral and counter-referral network [5].

Integral care is reflected in intersectorial actions such as fluoridation of supply water, and health educational actions external to health basic care units. In Brazil, it is estimated that around six million people will benefit from public water supply fluoridation. This measure reflects the recognition of water fluoridation is one of the fundamental conditions to promote oral health of the population. Thus, the feasibility of public fluoridation policies of potable water, in an encompassing and socially fair manner, is an-ethically correct attitude since it ensures individual's Access to Ion fluoride [16] as the prevention method of dental cavity disease.

Pursuant to the PNSB, health recovery and rehabilitation actions are supplied by oral health teams in health care units, according to complexity. It is desirable the inclusion of more complex procedures in basic care, such as individuals' rehabilitation through dental prosthesis, considered as necessary due to the high prevalence of dental loss in the country [5]. Once instituted the duty of the State in providing oral health actions within the scope of oral health care, medium and high complexity actions in oral health are duties to be enforced by the State as well, in accordance with the constitutional principles of integral care.

Concerning specialized dental care services supply, the PNSB counts on reference centers of dental specialties (CEO), reference for the basic health care oral health teams. CEOs, integrated to the local-regional planning process, provide diverse procedures surch as surgical periodontal, endodontic, higher complexity dentistry treatment and compatible surgical procedures at its level of care. Its goal is to expand and qualify the medium and high complexity care network [5].

It is valid to stress that medium and high complexity actions in dentistry enable integral health care, avoiding dental extractions as the last therapeutic resource for dental cavity, which still is the most prevalent disease among oral losses. It is adopted the age index of 12 yrs old for comparison of dental cavity between the different regions.

In Brazil, the average rate of tooth cavities, loss of teeth, and fillings ` CPO-D ` is 2.78 for 12 yrs old individuals, which meant achieving the goal of 3.00 set by the World Health Organization (WHO) for 2000. As counterpart, three fifth of teeth with cavities are without treatment. Differences between CPO-D index values in the five Brazilian macro-regions of are verified. CPO-D recorded at 12 yrs old in the North region was 3.13; in the Northeast region 3.19; in the Center-West region 3.16; in the South region 2.31, and in the Southeast region 2.30.

Adolescents in the age range of 15- 19 yrs old have CPO-D equal to 6.18; among adults, the rate is 20.12 [17]. When comparing data from the Brazilian population inquiry undertaken in 1986 [16] with those from the 2002-03 inquiry, one verifies a 52% drop in the prevalence of dental cavities in adolescents, and 10% in adults. However, in adults, the proportion of lost teeth of CPO-D index was kept practically the same in both epidemiologic inquiries.

Such results show the persistence, in the country, of a mutilating care model with predominantly radical curative actions, such as exodontias. It is difficult to understand that only a little more than half of the adult population has more than twenty teeth. Concerning the elderly, this figure reaches to less than 10%, as presented in the national assessment undertaken in 2002-03. Nevertheless, WHO had set as goal for 2000 that

75% of adults and 50% of elders have, at least,- twenty teeth in their mouth. In Brazil, the number of elders that does not have any functional tooth surpasses 56% and, concerning use of dental prosthesis, the majority of elders (57,9%) uses total superior prosthesis [17]. The loss of teeth and use of unsuited dental prosthesis may interfere in people's quality of life, in carrying out daily activities and in social relations, in addition to producing uncomfort in chewing and speech.

Integrality of health care should be inserted in daily activities of the public service because the principle of protection is characterized by its practical commitment: to supply the right technology, in the right space and in most suitable time to materialize the sense of integral care in SUS [18]. Integrality should incorporate completion of care, with maximum resolution, considering current available knowledge for the health problems that individual is experiencing. Such action should not be the outcome of individual user's struggle in receiving the service, but deriving from responsibility inherent to the health system [19,20]. Thus, public health policies should encompass individuals who will be their targets [4].

One cannot understand integrality just as guideline of the system or one of its principles, restricting its formal presentation. This principle should be seen as a "battle flag", part of a "objective image", one enunciate of certain features of the health system, of its institutions and practices considered as desirable. Integrality tries to speak of a set of values for which is worth fighting, since they relate to the ideal of a more fair and more solidary society [21].

Integrality can be seen as the "regulating ideal", something fully unattainable, but that seeks for Constant approximation, one aggregate of cognitive and political trends with some imbrication among them, but not totally articulated [22]. Searching for this ideal unites bioethics of protection that professes State responsibility - in providing health and quality of life, considering that oral health problems still persist in Brazil, requiring from the State effectiveness in public health protecting measures.

Final considerations

PNSB presents theoretical coherence with the principles of SUS. The State commitment in providing integral care in oral health to people, once assumed, may not be renounced pursuant to the linkage to the principle of protection. Oral health care was universally supplied, meeting the coverage of needs of the involved individual. However, in the Brazilian context, the State must equation social inequalities, ensuring effectively oral health care integrality for subjects in vulneration status.

Bioethics of protection is an interesting proposal concerning ethical analysis of public policies and the PNSB guidelines, as both are in consonance with the expectations of compliance to the protecting duty of the State in providing for the essential needs of the population. Actions of promotion, prevention, recovery, and rehabilitation in oral health are considered as essential needs, because they are part of the right to health and they cannot be individually materialized, since they depend on an institutional set for its attainment.

In spite of the major advances and conquests within the scope of oral health in Brazil, there is still much to be done in order to care be, really, integral. EIt is desirable that activities pertaining to the first level of care be expanded, in accordance to the text of the National Oral Health Policy, aiming at qualifying the supply of rendered services, increasing the impact and coverage of public oral health service, by adopting the principle of equity as basis.

It is expected that the analysis presented in this article may have contributed to theoretical reflection in search for solution toward integral dental practice whose focus targets improvement in the quality of life of the Brazilian population

Research article

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Authors' participation

Costa SM, Nickel DA, Borges CM, Campos ACV, Verdi MIM participated equally in all preparation stages of this article

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