

Bioethical Issues in the Family Health Strategy: relevant reflections

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Abstract

This is a literature review aimed at key ethical problems within the Family Health Strategy. 15 articles published between 1994 and 2012 and texts considered complementary were used. It could be highlighted in the results, three major categories of bioethical issues: 1) those concerning relations between professionals/workers and users of the health system; 2) those relating to relations between professionals/workers in the field of staff; and 3) those related to ethical-political relations, related to intersectionality, in the Health System sphere - and a fourth category, linked to the environmental sphere, which still needs better empirical and conceptual boundaries. The final considerations indicate the main complicating factors to a proper approach to the bioethical problems in Family Health Strategy and the possibilities of their addressing from the employment of strategies for continuing education and analysis based on the theoretical principles of bioethics protection and bioethics intervention.

Key words: Bioethics. Family health program. Primary health care.

Resumo

Problemas bioéticos na Estratégia Saúde da Família: reflexões necessárias

Trata-se de revisão de literatura abordando os principais problemas éticos no âmbito da Estratégia Saúde da Família. Foram utilizados 15 artigos publicados no período de 1994 a 2012 e textos qualificados como complementares. Puderam ser destacadas, nos resultados, três grandes categorias de problemas bioéticos: 1) relações entre profissionais/trabalhadores e usuários do sistema de saúde; 2) relações entre profissionais/trabalhadores no domínio da equipe; e 3) relações ético-políticas, afins à intersetorialidade, na esfera do Sistema de Saúde – e uma quarta categoria, ligada à esfera ambiental, que ainda necessita melhor delimitação empírica e conceitual. As considerações finais assinalam os principais complicadores para a adequada abordagem dos problemas bioéticos na Estratégia Saúde da Família e as possibilidades de seu equacionamento a partir do emprego de estratégias de educação permanente; e análise embasada nos referenciais teóricos da bioética da proteção e da bioética de intervenção.

Palavras-chave: Bioética. Estratégia Saúde da Família. Atenção primária à saúde.

Resumen

Problemas bioéticos en la Estrategia Salud de la Familia: reflexiones necesarias

Se trata de una revisión de la literatura abordando los problemas éticos clave dentro de la Estrategia Salud de la Familia. Se utilizaron 15 artículos publicados entre 1994 a 2012 y textos calificados como complementarios. Se han destacado en los resultados, tres grandes categorías de problemas bioéticos: 1) las relaciones entre profesionales/trabajadores y usuarios del sistema de salud; 2) las relaciones entre profesionales/trabajadores en el ámbito del personal; y 3) las relaciones ético-políticas, en el ámbito del sistema de salud – y una cuarta categoría, vinculado a la esfera del medio ambiente, que todavía necesitan límites más empíricos y conceptuales. Las consideraciones finales indican la principal complicación el enfoque adecuado a los problemas bioéticos en Estrategia Salud de la Familia y las posibilidades de ecuación por medio del empleo de estrategias para la educación continua; y análisis empleando los principios teóricos de la bioética de protección y de la bioética de intervención.

Palabras-clave: Bioética. Programa de salud familiar. Atención primaria de la salud.

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Bioethics and the Family Health Strategy (FHS) are theoretical and practical areas that unite clinical and public health, being considered by analogy as genuine *bridges*¹. Bioethics alludes to the moral problems that arise from human intervention in different fields, particularly those inherent in the relationships established at all levels of health care. Embarking on this theme requires the aid of the fundamental concepts of ethics as ethical aspects of health care are not always visible to managers, users and workers of health care and, ultimately, directly and indirectly interfere in the consolidation of the Unified Health System (SUS).

SUS is the result of a historic fight for the democratization of health in Brazil, classically named Sanitary Reform Movement, which had its heyday in the 80s, characterizing itself as the major national mobilization of demands for change, radical, in the inefficient and inadequate existing sanitary system². Thus, the popular organization was sought to be expanded for the emergence of new social actors, increasing social demands on the State towards the universal access to health care as a fundamental right for all; domains that served as subsidy for the development of the health chapter in the Constitution of the Federative Republic of Brazil 1988³.

Thus, the creation of SUS opens perspectives to support actions in the social sphere and the public spheres, which can ensure popular participation in management. Faced with this reality, popular participation and the knowledge of community about SUS are of utmost importance due to the fact that you can only advance the quality of services and health actions with an effective social cooperation, as their actors become able to point out the problems and solutions concerning disparate demands^{4,5}. Nevertheless, for the existence of spaces that enable *empowerment / liberation* of citizens is needed to happen - under the reorganization of the SUS - in order to broaden social inclusion. From this perspective, the Family Health Strategy (FHS) - created as the Family Health Program (PSF) in 1994, by the Ministry of Health - has been proposed as significant to the transformation of the health care model in the country, causing reflections and changes in institutions and praxis of Brazilian citizens^{6,7}.

The FHS aims to provide quality care, integral and humanized in municipal units of primary health care (PHC) attention, ensuring the reorganization of care practice - in terms of care initiatives - with focus on family. Moreover, it recognizes the extreme importance of the physical environment and social relations in the health-disease process, besides ensuring equi-

ty in access to health care^{6,8}. Also enables community involvement, especially by the performance of community health agents (CHA), and the multidisciplinary teams located closer to people in their living spaces.

Among the principles that guide the FHS, must be highlighted: 1) work processes based on the concepts of disease prevention, promotion and health surveillance; 2) the completeness and hierarchization linked to the service network, ensuring the reference and counter to the various levels; and 3) the territorial and linking, from work in the micro area of coverage, defined through the registration and monitoring of a number of families per team⁸. This proposal aims to replace the thinking and practicing health, turning the traditional biomedical model - predominantly curative, which emphasizes the individual and the disease-centered care in specialties disjointed - in an expanded, multi and interprofessional clinic, with a focus on family and community^{3,9}. Moreover, the challenge posed is the transformation of assistance in the procedure for the care centered in the user.

The radical transformation in the logic of operating in the healthcare field has prompted questions about the role of the FHS in the reformulation of the SUS, since, as not infrequently, relating structures are kept to the traditional biomedical model, which undermines the process work in everyday health system¹⁰. In this sense, the SUS has followed a difficult process of consolidation, especially regarding the issue of funding, facing a context that has a pressing need to rethink its organization in the sustainability of the current drawing. This context has exhibited different levels of ethical problems - creating tensions that emerge from the organization of the health network, reaching the core of the team and the user - which have a clear inter-relationship with the field of bioethics.

In fact, when considering the American concept of *bioethics* developed by Warren Thomas Reich in the Encyclopedia of Bioethics, revised edition of 1995 - that is, a *systematic study of the moral dimensions, including moral vision, decisions, conduct and policy, science of life and health care, employing a variety of ethical methodologies in an interdisciplinary environment*¹¹ -, one realizes that it is a field of knowledge driven to the approach of moral issues, trying to *describe* them properly for, continuous act, *prescribing* the best behaviors from the point of view of the autonomous subject, rational and reasonable, able to make decisions about *right and wrong*.

Such proposition assumes that in principle, every rational individual is capable of performing mo-

ral judgments, ability that will develop more or less, according to the characteristics and opportunities of interaction of individuals with their environment. In general, we can summarize this evolution of individual development anchored by the displacement of a reasoned judgment in heteronomous reasons for autonomous reasons and priority on selfish interests for the analyzes based on universal ethical principles ¹¹. In this movement, the conditions of the interaction of individuals with their social environment - and the opportunities that this social environment offers them - become crucial for understanding the succession of changes that occur incessantly. This gives relevance to the processes of education, given the assumption of training health professionals, not just in technical aspects but also ethical ¹².

With these preliminary considerations, considering the intersections between FHS and bioethics, and the recognition that, a priori, “all ethics is, rather, a bioethics” ¹², was built the guiding question for the development of the investigation: “*What bioethical issues are identified under the context of Family Health Strategy in articles indexed in the period 1994-2012?*”. The purpose of the test was then delineated, stated: describing the major bioethical issues present in the PHC/FHS, from literature review.

Methods

Bibliographical survey and selection of articles

The path in the research concerns a literature review with a defined search strategy, using the Virtual

Health Library (VHL). The used descriptors were selected through the research in 1) Health Sciences Descriptors (DeCS) and 2) Medical Health Science (MeSH).

The articles from the sample of this study contemplated the following inclusion criteria: publications from 1994 - the year of implementation of the Family Health Program - to 2012; publications in indexed journals; availability of information sources of databases SciELO Brazil and Public Health, and Lilacs. In the PubMed database was undertaken the search strategy with the following key words: “Bioethics” and “Family Health Program” (Strategy 1) and “Bioethics” and “Primary Health Care” (Strategy 2). The articles were filtered with the default operator *and*, which includes all the words contained in the descriptors. Publications in English, Spanish and Portuguese were considered.

The selection of items for the composition of the review was based on the following criteria: 1) the relevant thematic approach to bioethical issues within the PHC/FHS and 2) availability of access via web or the Program of Bibliographic Commutation (Switch). After reviewing the quotes obtained, 15 articles included in the study were selected.

Analysis of articles

The material collected went through classification of analytical nature and generated a demonstrative table - with titles arranged in ascending order by year of publication - in which we sought to highlight the state of knowledge of bioethical issues pertaining to space-time of PHC/FHS.

Table 1. Distribution of titles, year of publication, methods, and bioethical issues identified in the articles on Ethics and FHS

Title (year of publication)	Method	Major bioethical issues identified
Dilemas bioéticos no cotidiano do trabalho do agente comunitário de saúde (2004) ¹³	Qualitative study. Conducting focus groups with group dynamics of participants in the study: two groups of nine community health agents (CHA) Scenario: units of the Municipal Health Secretariat of Recife	Insufficient technical training of community health agents for working in SUS, in persistent situations (violence, illicit drug use, teen pregnancy and abortion)
Bioética e atenção básica: um perfil dos problemas éticos vividos por enfermeiros e médicos do Programa Saúde da Família, São Paulo, Brasil (2004) ¹⁴	Empirical, qualitative study of descriptive ethics, made from semi-structured interviews. Held thematic categorical analysis, as proposed by Bardin Study participants: 17 nurses and 16 doctors Scenario: basic health units (the implanted PSF) in São Paulo	Ethical problems in relationships with users and family members. Ethical issues in relations team Ethical Problems in the relationship with the organization and the health care system

Research article

Title (year of publication)	Method	Major bioethical issues identified
Bioética e atenção básica: um estudo exploratório dos problemas éticos vividos por enfermeiros e médicos no PSF (2006) ¹⁵	Quantitative, exploratory, descriptive ethics. Data collection with self-administered questionnaire Study participants: 24 nurses and 22 doctors Scenario: basic health units (implanted FHP) in São Paulo	Ethical problems in relationships with family members and Ethical problems within team relations Ethical problems in relations with the organization and the health care system
Enfermeiros e usuários do Programa Saúde da Família: contribuições da bioética para reorientar esta relação profissional (2007) ¹⁶	Empirical, qualitative study of descriptive ethics. Semistructured interview. Performed categorical thematic analysis, as proposed by Bardin Study participants: 17 nurses Scenario: Family Health units in São Paulo	Ethical problems in relationships with users and family members. Ethical issues in relations team Ethical Problems in the relationship with the organization and the health care system
Mulheres vivendo com aids e os profissionais do Programa Saúde da Família: revelando o diagnóstico (2008) ¹⁷	Qualitative descriptive study with the issues addressed in the field of bioethics. With semi-structured interviews. Content analysis Study participants: six women with HIV / AIDS Scenario: Municipal Secretariat of São Paulo, the Family Health Program and the Specialized Service	Questions related to privacy and confidentiality in the relationship between the professional and the patient Questions related to user's autonomy in deciding on disclosure of information to the PSF team Conflicts in the maintenance of privacy rights and the exercise of the duty of confidence by the FHS
Problemas éticos na atenção básica: a visão de enfermeiros e médicos (2009) ¹⁸	Quantitative and qualitative research, empirical, descriptive ethics. Conducted semi-structured interviews (validated instrument) and content analysis Participants in the study: 33 physicians and 30 nurses Scenario: Health Centre, Family Health Strategy and basic health unit	Ethical problems in relationships with users and family members. Ethical issues in relations team Ethical Problems in the relationship with the organization and the health care system
Bioética e atenção básica: para uma clínica ampliada, uma bioética clínica amplificada (2009) ¹⁹	Review article Proposes that the extended itself to the primary health care clinic requires amplification of clinical bioethics	Limits of the professional-user relation Disregard of the professional with the user Disrespect among health professionals Need the combination of rights and responsibilities through the ethic of care
A percepção do usuário do Programa Saúde da Família sobre a privacidade e a confidencialidade das informações (2009) ²⁰	Exploratory qualitative study. Interviews with semi-structured script. Categories of analysis: law; respect; differential private information Study participants: 30 users, over 18 years Scenario: basic unit of Family Health of São Paulo	A privacy and confidentiality in the relationship between the professional and the patient

Title (year of publication)	Method	Major bioethical issues identified
Processos de trabalho no Programa Saúde da Família: atravessamentos e transversalidades (2009) ²¹	Exploratory research with a qualitative approach Study participants: three doctors, three nurses, two nursing technicians and four community health workers Scenario: unit of data collection: technical focal discussion and later content analysis. FHS in the municipality of Campo Bom	Users: a spontaneous demand / independence of members of the healthcare team Health professionals: multidisciplinary, continuous and permanent education, job stress, intense turnover of professionals Managers: management model practiced Health System: relating to the reference and counter-questions, predominantly biomedical model
O olhar da bioética de intervenção no trabalho do cirurgião-dentista do Programa Saúde da Família (PSF) (2010) ²²	Qualitative study. Data collection occurred in two stages, involving questionnaires and interviews. Proceeded to content analysis, as proposed by Bardin Study participants: dentists who composed the teams FHS Scenario: Family Health units in Florianopolis	System failures referral / counter referral Issues relating to popular participation and social control in maintaining the health council Inefficient care lines on the principle of universality of SUS
Acolhimento na atenção básica: reflexões éticas sobre a atenção à saúde dos usuários (2010) ²³	Study with qualitative approach and exploratory-descriptive design. Conducted semi-structured interviews and content analysis, as proposed by Bardin Study participants: nine managers, 10 health workers and seven users Scenario: basic health of a large municipality in the State of Santa Catarina	Limitação do acesso do usuário à saúde e negação do direito Dificuldades no acolhimento e na proteção dos usuários pelos membros das unidades básicas de saúde Fragmentação dos serviços de saúde
Bioética da atenção primária à saúde (2011) ²⁴	Artigo de revisão	Problemas éticos relativos à demanda Questões éticas atinentes aos processos de trabalho nos serviços de cuidados primários
Capacitação em bioética para profissionais da Saúde da Família do município de Santo André, SP (2012) ²⁵	Relato de experiência de capacitação de 40 horas, com enfoque problematizador como estratégia de ensino-aprendizagem, dirigido à deliberação em bioética. Na análise, estimou-se a mobilização na sensibilidade para percepção de problemas éticos com a aplicação de instrumentos antes e depois da capacitação Participantes do estudo: seis médicos, seis enfermeiros e um dentista Cenário: unidades da Estratégia Saúde da Família, Santo André, SP	A formação de vínculos entre os profissionais da FHS e os usuários Desenvolvimento de competência ética dos profissionais da FHS Abordagem crítica da ética em saúde
Hermenêutica dos problemas éticos percebidos por profissionais da atenção primária (2012) ²⁶	Interpretação dos problemas éticos evidenciados pela prática dos profissionais da atenção primária oriundos de dois estudos: 1) A percepção dos profissionais sobre os aspectos éticos da Estratégia Saúde da Família (FHS) no município de Campo Bom (RS) – 2004 a 2006; e 2) O discurso dos trabalhadores de uma unidade básica de saúde (UBS) de São Leopoldo (RS) sobre a humanização dos serviços – 2007 a 2009	Ethical problems in relationships with users and family members. Ethical issues in relations team Ethical Problems in the relationship with the organization and the health care system

Title (year of publication)	Method	Major bioethical issues identified
O cuidado no espaço-tempo do <i>Oikos</i> : sobre a bioética e a Estratégia Saúde da Família (2012) ²⁷	Estudo com abordagem quanti-qualitativa. Realizada aplicação de questionário e análise de conteúdo, conforme proposta por Bardin Participantes do estudo: profissionais da saúde que atuam na FHS Cenário: unidades da Estratégia Saúde da Família, Teresópolis/RJ	Questões bioéticas relativas às tensões entre equipe e usuários Questões bioéticas relativas às tensões entre os próprios profissionais de saúde Importante dificuldade de reconhecimento, pelos profissionais, das questões bioéticas atinentes ao processo de trabalho

source: bibliographical research made by the authors.

Discussed under the relevant theoretical reference pertinent to the general lines of the question that focuses on the identification of bioethical issues, from 1994 to 2012, in the FHS, are presented below.

Results and discussion

From the selected articles in the sample (n = 15) one realizes that nine has worked with the qualitative method, denoting a certain preference for this research strategy by the authors who design bioethical studies aimed at the FHS / PHC. Moreover, it is noteworthy the preference for the empirical research, insofar that, in the opinion of Zoboli, it is *a means to know, comprehend and evaluate how health professionals deal with issues of clinical practice, unveiling their views, attitudes and values* ²⁵.

The results/considerations of the articles of the present study demonstrate that only a few authors refer and analyze the data analysis in the light of current theories of ethics and bioethics. In this context, two streams of bioethical thought were used first - principlism and utilitarianism - despite the little argumentative development around issues related to SUS. Also few publications on bioethics and PHC / FHS were found in the form of articles in the period from 1994 to 2012.

On the examination of the elements of the selected articles, it was possible to observe the convergence of three major orders of bioethical issues: 1) the relationship between professionals / workers - it is worth highlighting that in this study it was considered the distinction between professionals and health workers in agreement with the classification of the Brazilian Code of Occupations ²⁸ - and users of the health system; 2) the relationships between professionals / workers in the team and 3) the ethical-political relations in the intersectionality sphere of SUS. Such a definition, detail ahead, is closely

articulated to the results of research conducted by Zoboli and Fortes ¹⁴. It should be noted that the articles pointed to the centrality of the ethical problems that interpenetrate the conflicting relationships, which are not always identified by the professionals / workers of health team as bioethical issues.

A fourth order observed by the authors of the present study – although it does not work on selected items – relates to the bioethical health problems linked to the environmental sphere, which will be briefly discussed.

Ethical issues in the relations Professional/workers and users of SUS in FHS

Difficulties of professionals/workers in relation with the user/family, regarding the establishment of ethical and therapeutic limits to performance the lifestyle of the people, considering the determinants of the health-disease process were identified. One may group them into two sets of fundamental questions:

- *The communication between Professional/worker and user*

The communication made through a dialogic relationship as part of the reception, is the center for the formation of the team bond of FHS with the user of the health system. Such sphere includes bioethical issues - usually related to “communication noise” - given that the ‘technology’ of relations is one of the most complex, for including knowledge, skills, attitudes and behaviors, and require respect between people. The Communication sets an intentionally directed and oriented action, “*something that builds*” based on listening to the other - to understand beliefs, situation and possibilities – aiming to a joint action in the health-disease process. This dialogic and emancipatory approach presupposes that all people have the right to choose the most appropriate path to promote, maintain and restore their health ^{14,29,30}.

- **The professional practice of secrecy, confidentiality and privacy as a user right**

It is recognized that the secrecy, privacy and confidentiality are inherent conditions in the professional exercise within health. The FHS has a different conformation for guiding itself to a care centered on the user and family and add the CHAs, community residents, as part of the healthcare team. When the user provides secret information about himself - or aspects are identified on clinical examination - for the health professional, secrecy manifests itself in terms of confidentiality, discretion, loyalty and fidelity, beyond the deontological approach^{24, 26}. Paul Ramsey argues that the fundamental ethical issue in research and in health care is the following: *What is the meaning of loyalty of a human being towards another?*³¹. It is possible to recognize that loyalty represents essential aspect for moral conduct, emphasizing the obligation of truthfulness, reliability and loyalty, which should be imbricated in the professional relationship established with the user³⁰.

Bioethical issues between professionals/FHS workers

The obtained texts include a set of everyday situations within the FHS - pertaining to coexistence among professionals/workers - which are influenced by bioethical problems, especially the lack of commitment, camaraderie and collaboration among the members of the FHS, the disrespect and unpreparation for teamwork, the difficulties in defining the field of action of the professions, the questions in the development of clinical activities, omissions relating to acts of care, the breach of confidentiality, and the non-solicitation of consents to the SUS in cases of scientific publication^{14,15,20,32}.

Based on these assumptions, tensions in relations between members of the FHS express doubts about the autonomy and responsibility of professionals/workers of the healthcare team, which can be addressed from the perspective of different ethical theories^{16,30}, as well as the consequentialist and deontological currents. Also in this context, it is emphasized that teamwork covers the need for intersectoral coordination, with respect to bioethical problems of persistent situations, such as domestic violence, drug use, prostitution, teenage pregnancy and illegal abortion, among others³³.

Bioethical issues among professionals/workers can be transformed into challenges to be overcome collectively, with the continuing formative educational process with elements promoting assertive behaviors.

Bioethical and political issues of intersectionality in the sphere of health care

The aspects grouped in this category are comprehensive and explain different weaknesses in the consolidation process of SUS. It was possible to highlight the following issues: unhealthiness associated to a poor physical structure of the Basic Family Health Units (UBSF); difficulties in arranging home visits (insufficient quantity of CHA, unwillingness of the technical staff for visits, among others); lack of support from management to discuss and resolve ethical conflicts in the workplace (for example, the crossing of electoral political issues and the lack of promotion of training and continuing education); limitations of the health system of the municipality, including insufficient FHS units, clinical demand beyond capacity, inefficiency of the referral/counter-referral system, among others. In summary, these questions relate to *the management of health care and people*. The constitution of SUS represented - for managers, workers and users of the system - a new form of thinking, organizing, developing and producing services and health care, since the principles of universal access, integrality of health care, equity, participation of community, respect for autonomy of people and decentralization became north for practices³⁴.

In this context, there is a critical situation with regard to the working relations in SUS - in the area of municipal jurisdiction - that is the *job insecurity*³⁴, in the extent that, in our times, living circumstances involving various types of nominations, which do not warrant the labor rights and social security rights enshrined in law, and the absence of public tender or public selection process for filling posts in the FHS. This creates turnover situations of team members, low wages - by complementation with productivity - and instability, context becomes even more complex before the emergence of other modes of management of the FHS, such as outsourcing for state foundations and social organizations (OS)^{35,36}.

The concept of management is urgent to be expanded to cover the administrative and policy functions for the realization of career plans, positions and salaries (PCCS), the logic of meritocracy and of new institutional arrangements for the democracy functions. The management also includes, in its essence, the educative function, which has as its milestone the qualification and training for the exercise of professional/worker, in emancipatory character with the implication of its actors³⁷. To reach this objective, the formation of professional/worker must be included in the various annual work

plans and be approved and monitored by the municipal health councils.

The bioethical and political issues express the existing complexity in segments of social promotion within the Brazilian state, as the guarantee of quality services, related to education, housing, transportation, labor, public safety, social security, sports, leisure and health. Because they belong to a macro-political context, not always the SUS professionals - specifically the FHS - look to the possibility of sharing the problems in the health field with intersectionality, which needs unresolved constitute themselves as persistent bioethical situations, which can be adequately analyzed by principles of bioethics of protection and intervention^{38,39 40,41}. Thus, it would be able to obtain significant gain in dialogue with the departments of education, the environment (essential for the next set of problems to be addressed) and sectors of the Unified Social Assistance System (USAS) - the latter composes a network protective to the citizen, which identifies the demands, vulnerabilities and risks, setting up public system that organizes, decentralized, socio-welfare services in Brazil⁴².

Bioethical issues related to environmental sphere: a fourth order of questions awaiting investigation

Environmental components that determine the illness of the population should occupy key role in the actions of care developed by the professional staff of FHS and directed to SUS users. While these aspects have not been defined clearly as categories identified by the authors of the articles selected in this investigation, some aspects related to intersections health / environment could be identified in the chosen texts and other literature sources consulted^{43,44}. There are different vulnerability for the acquisition of environmentally related diseases in Brazilian regions, which are not covered in terms of FHS 43, standing out as significant morbidities: asthma; pneumoconiosis; lung cancer; both emerging and reemerging diseases, especially zoonoses in urban centers - - infectious diseases; exogenous intoxication, especially by pesticides, among other^{42,44}.

The interdependence between health and environmental determinants interfaces with contemporary bioethics, which needs to be further explored in order to assist decision making in respect to the effective promotion and protection of health. This proposition becomes clearer if we recognize that bioethics, in its origins, brings a speech with remarkable ecological concern, pointing to the intrinsic intersection between the two disciplines. In fact, to be proposed by the oncologist Van Rensselaer Potter in 1970, bioethics was characterized as new scientific

ethics able to give answers to arising of man / nature relationship problems - with the understanding that the first behaved like true cancer to planet Earth - whose main objectives would ensure the perpetuation of the human species and their quality of life⁴⁵.

Final considerations

The literature review in this article allowed the identification of relevant bioethical problems in space-time PHC / FHS, with special emphasis on three main issues, harmonious to the original description of Zoboli and Fortes¹⁴: 1) ethical problems in relationships with family members and; 2) ethical problems in relations team; 3) ethical problems in relations with the organization and the health care system. Such situations arise, largely of continuous between professionals and users of SUS contacts, usually in less urgent situations - peculiarity of the PHC -, which can make problems less dramatic appearance, although its complexity is not less in relation to the issues experienced in large hospital complexes⁴⁶⁻⁴⁸.

Among the complicating factors identified for the proper approach to bioethical issues in the PHC / FHS worth highlighting the invisibility of same to health professionals working at this level of attention and theoretical difficulties for proposing solutions to the issues observed. Regarding the first point, it is possible to hypothesize at educational perspective, that such bioethical issues could be adequately addressed with the implementation of spaces of continuous education in the FHS team, which could be extremely fruitful for the establishment of dialogue - good talks -, thus contributing to the construction of fraternal relations between the team members. Regarding the second, the employment of current bioethical originally proposed for the intersection clinical / public health - such as bioethics of protection and intervention bioethics - can substantially assist equating the situations.

It is possible to conjecture that bioethics can direct reflection defining the problems and to propose the *best practices* for the same, as professionals / workers are heard in the relevant field to their assignments and participation in decision making within the team. This is a bet on the inseparability of work / training - perhaps embodied in the creation of spaces for continuing education - considering the development of FHS workers, the diversity of people and circumstances that change under the influence of several factors that have bioethics in the bridge that unites the biological humanities.

This article is part of the thesis SV Vidal entitled Bioethics, Education and the Family Health Strategy: between praxis and paideia, which articulates the Bioethics project on training of health professional: building discourse and praxis in spacetime Health Strategy family, conducted with support from the CNPq graduate in Bioethics, Applied Ethics and Public Health (PPGBIOS).

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