The doctor and the myth of the lone hero: FNEPAS or Dulcinea?

O médico e o mito do herói solitário: FNEPAS ou Dulcineia?

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You’re alone. No one knows it. Hush and feign.
But feign without feigning.
Hope for nothing that’s not already in you.
Each man in himself is everything.
You have sun if there’s sun, trees if you seek them.
Fortune if fortune is yours.

Ricardo Reis (Fernando Pessoa)

MEDICINE AND SOLITUDE: AGREEMENTS AND DISAGREEMENTS

It is said that when asked to recommend “the best medicine book,” the man nicknamed the “English Hippocrates”, Thomas Sydenham (1624-1689), immediately suggested Don Quixote by Cervantes. However ironic it may be, this provocation might shed light on the social behaviour of physicians over the course of their long history. Regardless of the likely disdain Sydenham sought to demonstate in relation to the academic production of the era, we cannot help but reflect on the astute observation behind this recommendation. And not only in the indigence of a direct correlation with doctors’ “quixotic” struggle against death, but also to reflect on the stereotype of the physician throughout the history of medicine.

Harold Bloom sides with another Miguel, de Unamuno, in interpreting the “Knight of the Sorrowful Countenance” as “a quester for survival, whose only madness is a crusade against death”: “Great was Don Quixote’s madness, and it was great because the root from which it grew was great: the inextinguishable longing to survive, a source of the most extravagant follies as well as the most heroic acts.”

Restricting this discussion to the tradition of Western medicine, we can begin with the myth of Asclepius, orphaned by the revenge of a resentful father-God, handed over to be raised by a mythological figure, the centaur Chiron, possessor of the “gift of healing.” Chiron taught his art to the enlightened disciple Asclepius. In a short space of time, the boy, a veritable sorcerer’s apprentice, surpasses the master and after incurring the wrath of the gods, is struck with a thunderbolt. From the Pythagorean school emerges Alcmaeon of Croton, a loner along his school colleagues, interested more in man than the cosmos. In Kos, in the second half of the fifth century BC, the versatile pilgrim Hippocrates would become the “Father of Medicine”, systematizing and organize it into “diagnosis, treatment and prognosis.” In the second century of the Christian era, the vain and predestined Galeno was born, to reign over western medicine for almost 1,500 years, sustained to a great extent by Christian authoritarianism. Before Sydenham, there was also the alchemist and iconoclastic Paracelsus. Finally, we come to the wise Osler and our “crusader” Osvaldo Cruz, among many...
others. A legion of physicians “married” to medicine! And nowadays, in the eternal return, a televsual myth arises in the unusual and lonely figure of *House*.

More than heterogeneous medical knowledge and a vulnerable social image, what transpires as the common denominator among the “great physicians” is the solitude of their lives. Wives almost never appear and the children often remain anonymous in the rigour of history. Of kings, politicians, generals, artists, writers, poets, and others, we all know of wives and mistresses, legitimate and illegitimate children, in short, their life choices, whether true or false. The argument that a physician is a character whose private life is very private and protected is easily demolished by the high prevalence of such characters in novels, films, plays and television: as characters, actors or authors!

In this centuries-old culture - which idealises a physician who idealises himself - could “Medicine” be the “Dulcinea” of this physician? Or perhaps the “Death”? Like Don Quixote, for centuries the physician fought against the “miasma carried by the wind,” replaced at the beginning of last century, by “microbes carried by the wind” and now, who knows, by a “medicine based on evidence … carried by the wind”. The need for solitude seems to be such that it caused the change from the “ill” to the “illness”! The latter would accompany you, just like a loyal Sancho Panza, in the last two centuries...

The adventures, dialogues, threats, in brief, the mythical agreements and disagreements between them -physician and illness - mask the presence of the others who stand by the “white knight”, like ghosts or “windmills”, celebrating their heroic individuality!

**THE PHYSICIAN: A VULNERABLE CHARACTER**

> The night closes her lips  
> - Earth and heaven - kept name.  
> And her long wise dreams  
> generate the life of men.  
> *(Cecilia Meireles)*

By uncovering archaeological niches of medicine in its long trajectory, one can infer the numerous crossroads that it has faced. Its current crisis would represent just one more. And through them all, it has come out stronger, despite the momentary confusion and apparent disconnection. Perhaps the major characteristic of these victories coincides with humble insights, being subjected to the living forces of Nature. This is how it must have been when the medicine man, dressed in chimeric animals, was replaced by the priest, bringing consistent explanations for the designs of the gods; and then they gave way to coherent Hippocratic observation, conjuring the forces of nature that overcame the magic, and then to “open up some bodies” to rewrite a “living history of illnesses.” But it was during the transition from the nineteenth to the twentieth century that the connections began to broaden and microscopic living beings replaced the fictional miasma, revealing that the colossal monsters that haunted men with “plagues” were so tiny and almost impossible to believe in! The speed of its propagation triggered a veritable “arms race against the almost invisible enemy” throughout the “brief twentieth century,” in which a lack of humility recrudesced and hit new heights in the colonial, capitalist, warmongering, Nazi Superman of all colours and hues. The millions killed in the violence of wars seemed not to disturb mankind, who launched himself into space and deciphered the genetic code. “We’ve controlled it all!” - the politicians, generals and duty scientists seem to say. Even the almost “democratic epidemics” such as HIV/AIDS, dengue fever and bird flu failed to constitute a sufficient warning sign.

It has become commonplace in discussions about building skills for the creation of health teams to refer to the difficulties and resistance from physicians to participate in activities that seek to develop or enhance teamwork. On the one hand, there are countless indicators that support this perception: the low attendance by physicians at multidisciplinary events, their rare participation in mandatory boards at hospitals or other health care units, except when involving more direct personal interests and, finally, their notorious tendency to consider participation in collegiate or collective activities as a waste of time. On the other hand, in today’s world of interdependent, interconnected relations, where the borders between...
countries, professions, businesses and areas of knowledge have become tenuous and volatile, it is startling that physicians make such an effort to demarcate and defend themselves “almost quixotically” inside the steamroller of globalization. Their isolation and age-old solitude seem to be conspiring to their resistance in the trenches of “defensive medicine”, to the great joy and satisfaction of pharmaceutical and medical equipment industries, private health plans, and of course, the lawyers15.

DIALOGUE BETWEEN TIME AND THE WIND: THE PHYSICIAN IN THE HEALTH TEAM

First the boy saw a star sitting on the petals of the night
And he told the class.

His classmates said the boy was taking the mickey.

Soon the boy said he had seen the day standing on top of a tin
Just like a bird perched on a rock.

He said: It looked like the tin was supporting the day.
The class scoffed.

But the boy started to tighten the screws on the wind.
The class said: But how can you tighten screws on the wind
If the wind has no body
But the boy said the wind had a body
And carried on tightening the screws on the wind.

(Manoel de Barros)14

Two recent factors may contribute to the construction of a dialogic platform for physicians and other health professionals: the crusade for the humanization of health care and the feminization of the medical profession. The former strives to confront the dragon of medical technoscience driving the “humanities.” A new version of David and Goliath! The latter constitutes an open pathway to the historically and biologically more welcoming gender.

Moreover, ten years since the initial implementation of the Unified Health System/SUS, legal and change-inductive steps have started to pave the winding road that may lead to breaking through the historical and cultural barriers between the training of the different health care professions. The most important measures include, no doubt, the National Curriculum Guidelines, as from 2001, enforcing the provisions of the National Educational Bases and Guidelines Act of 1996, which signaled the need for closer ties between the courses by establishing the same general skills for the vast majority of undergraduate courses in health17.

In July 2004, leaders of organizations involved in professional health care training and development committed to the changes in health training and to the consolidation process of the SUS, based on the guiding axes of continuous education and comprehensive health care, creating the National Forum on Education of Health Professions-FNEPAS18.

“For the first time, the different health professions join forces to build political and institutional settings more conducive to changes in training and multidisciplinary action and teamwork”19.

In November 2005, the National Program for Professional Training and Reorientation in Health (Pró-Saúde) was launched, contemplating the undergraduate courses of the professions that make up the Family Health Strategy: Nursing, Medicine and Dentistry20.

In July 2006, two years after its creation, FNEPAS began implementing the technical cooperation project with the Ministry of Health, approved in 2005, and funded by the Brazilian Association of Medical Education/ABEM, with the aim of conducting regional workshops, forums, knowledge production and other efforts that entail improvement in the training of health professionals, especially for continuous education and multiprofessional teamwork.

In November 2007, the extended version of the National Program for Professional Training and Reorientation in Health, Pró-Saúde II, was launched, this time covering the training of all areas of health care and involving the commitment of Higher Education institutions, responsible for the courses included in the projects agreed with the local SUS management.21

Several other initiatives strengthened and contributed to joint activities, both in undergraduate and graduate courses. For purely illustrative purposes, we can cite: PROMED (although restricted to the medicine course, this was a true pilot-embryo for Pró-Saúde); Continuous Education Poles; VER-SUS; AprenderSUS; National Humanization Policy/PNH; Teaching Hospitals Restructuring Program; Multiprofessional Residency in Health; PET-Saúde (in the “Family Health”, “Health Surveillance” and “Mental Health” versions), among others, always involving at least the Ministry of Health and Min-
Although it is undeniable that all these initiatives resulted in advances and improvements in the indicators of health professional training, especially for in-service training in primary health care, at numerous sites in Brazil there is still a long way to go in terms of integrated training truly focused on teaching teamwork skills. One of the biggest points of resistance to the advances required for enhancing this kind of work, both at an undergraduate and graduate level, is the “medical school - medical corporation dichotomy”. Despite numerous academic and health service leaders understanding the importance of participation by student medics and physicians in this process, there are obvious obstacles in the way. Two examples clearly illustrate this barrier:

1. When the debates were held to formulate and design the “Multiprofessional Residency Program in Health “, the corporate medical world engaged several entities to block the involvement of medicine in these programs, alleging that there were already “medical residency programs” regulated by a National Medical Residency Board/CNRM. At that time, the places available in the medical residency programs covered just over 50% of the graduating student doctors. This would be a great opportunity to increase the number of places, just to achieve a narrower utilitarian dimension. On the other hand, it would be an ideal and generous opportunity to bring over 30 years of experience in regulating residency programs to other professions;

2. “Project FNEPAS” managed to attract roughly 11,000 participants to its regional workshops, forums and meetings, some of whom attended more than one event. The professional category with the lowest rate of attendance to these events was the physician. More than half of the few physicians who did attend were probably there as speakers. It should be kept in mind that there are many other smaller categories, both in terms of numbers of professionals and of teachers and students. Another important aspect to bear in mind is the participation and engagement of the Brazilian Association of Medical Education/ABEM since the beginning of this project, under the remarkable leadership of Prof. Regina Lugarinho, of the Federal University of Rio de Janeiro State/UNIRIO.

It is no easy task to engage and involve physicians, medical professors and students, to have them leave their “comfort zones” and reflect on the enormous achievements available to them if they opened themselves up to learning with other professions, by understanding the scope and boundaries of the other professions, “learning to live together” the most fragile of the four pillars of the “Education for the 21st Century” project of the UNESCO Delors Commission, which form the concept of “learning to learn”22. Perhaps this was the shortest path to overcome the “feeling of omnipotence” - so painfully displayed by many doctors - which often leads to other feelings of unhappiness, such as guilt and loneliness. More than that, the best way to build and strengthen professional identity is to become involved with other professions, to understand their foundations, their work scopes, their boundaries, to learn to manage interprofessional borders, together building common spaces for living, that is to say, teaching, that is to say, learning.

“O trabalho do educador, do professor tornado educador, é esse trabalho de interpretação do mundo, para que um dia este mundo não nos trate mais como objetos e para que sejamos povoadores do mundo como homens.”

(Milton Santos)23

REFERENCES


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