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FAMILY AND COMMUNITY MEDICINE AND WORKING WITH NEGLECTED POPULATIONS: CHALLENGES AND OPPORTUNITIES IN THE CARE OF THE INVISIBLE

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Cely Carolyne Pontes Morcerf[1], Guilherme Moreira de Queiroz Coutinho[2], Vitor Agostinho Martins[3], Emilly Barboza Rasmussen[4] and João Mazzoncini de Azevedo Marques[5]

ABSTRACT

Considered as specialists in people, Family and Community Medicine has in its constitution of values and principles integral, humanistic and person-centered care, seeking to develop ideas and people in a view of equity and transformation of patients into protagonists. In this context, the specialty works directly with neglected populations, both at the level of primary care in family health units, as well as in street clinics, penitentiaries, assistance to refugee and migrant populations, and a comprehensive approach to the LGBT population. This performance in the scope of social medicine, in addition to a strictly biological view of illness and the human being, dialogues with the pillars of training of the specialty, based on primary care, medical education, humanism, and especially in the training of leaders. The present work seeks to reflexively debate, through a narrative review of the literature, about

[1]Master of Science from
Ribeirão Preto School of Medicine
University of São Paulo (FMRP USP)
Doctorate student in Public Health at
Department of Social Medicine, FMRP USP
Ribeirão Preto School of Medicine
of the University of São Paulo
Hospital das Clínicas of the Faculty of Medicine
of Ribeirão Preto (HC FMRP USP)
Email: celymorcerf@usp.br
[2]Medical Graduate Student
Ribeirão Preto School of Medicine
of the University of São Paulo
E-mail: guilhermemqc@usp.br
[3]Medical Student
Faculty of Medicine
of Ribeirão Preto da
University of São Paulo
Email: vitoragostinhomartins@gmail.com
[4]Undergraduate student of Speech-Language Pathology and Audiology
Ribeirão Preto School of Medicine
of the University of São Paulo
E-mail: emillyrasmussen@usp.br
[5]Dr. in Mental Health from
Ribeirão Preto School of Medicine
of the University of São Paulo
Ribeirão Preto School of Medicine
of the University of São Paulo
Email: jmaq@usp.br

challenges, opportunities and fields of action of Family and Community Medicine with neglected populations.

Keywords: Family and Community Medicine. Public health. Neglected Populations.

INTRODUCTION

Arising from a movement contrary to the idea of fragmentation of the human being into compartments, organs and systems, with a human and holistic view of the person, Family and Community Medicine grows and stands out as a priority area of medicine in its action aimed at facing dilemmas, needs and vulnerabilities existing in the current Brazilian scenario. rescuing the historical roots of its formation. From this perspective, the work of family medicine aimed at neglected populations has as one of its central objectives the empowerment of human beings, promoting health, preventing diseases and working together with the patient and the health team in solving complex problems such as access and prioritization of marginalized populations to closer monitoring with health services, the creation of Singular Therapeutic Projects for these populations, the creation of strategies to cope with stigma and prejudice in the most diverse community scenarios, as well as the joint struggle to guarantee human rights and the dignity of reception of these populations. The present work aims to carry out a narrative and reflective look at the role of this specialty and Primary Care in working with the most stigmatized and invisible population segments, dealing with challenges, opportunities and barriers that make it impossible to maintain the broad concept of health as a complete state of physical and mental well-being of these populations.

METHODOLOGY

This is a narrative literature review, of a reflective nature, based on 7 scientific articles published from 2019 to 2023, discussing the diversity of scenarios with the theme of neglected populations and primary care, from a perspective of looking at the challenges of the integral approach to these populations, as well as scenarios of human rights violations to which these populations are subordinated, increasing the level of vulnerability and invisibility of these groups, fields of action in Family and Community Medicine health.

RESULTS AND DISCUSSION

FAMILY AND COMMUNITY MEDICINE AND WORKING WITH NEGLECTED POPULATIONS IN THE CONTEXT OF HOMELESS PEOPLE

The Unified Health System (SUS), created in 1990, is the main health system in Brazil and its principles are universality, integrality and equity in access to health. In this scenario, primary health care (PHC) in the SUS is closely related to Family and Community Medicine (FCM) in Brazil. An important milestone in the context of FCM practice in Brazil was the creation of the Family Health Program in 1994 by the Ministry of Health, which structured primary care in the country, initially with a selective character and focused on populations of greater vulnerability. Subsequently, with the expansion of the program, the Family Health Strategy (FHS) was created, seeking to expand,

consolidate and qualify primary care in Brazil. (COELHO NETO; ANTUNES; OLIVEIRA, 2019; WOULD; SIQUEIRA-BATISTA, 2022)

In view of this scenario, the FHS aims to enable primary care as a gateway to the health system and promote comprehensive care for the population, involving multiprofessional family health teams. However, primary health care in Brazil is permeated by complex challenges, such as the deficit of qualified professionals, underfunding, and the devaluation of PHC in the health care network. In addition, the performance of primary care in populations and territories of great vulnerability is still precarious and challenging, especially with regard to the care of homeless people (homeless) – despite recent efforts, such as the institution of the National Policy for the Homeless Population (PNPSR), which emerges as an action to legitimize the rights of homeless people, including the right to health care. (COELHO NETO; ANTUNES; OLIVEIRA, 2019; WOULD; SIQUEIRA-BATISTA, 2022)

Health care for vulnerable populations, such as homeless people, requires a configuration that escapes the traditional biomedical model of health and that is capable of satisfying the demands of these historically helpless groups. From this perspective, it is important to reflect on the health-disease process, which in addition to biological factors, also crosses cultural dimensions and the way the individual experiences and interprets this process. In this context, the understanding of health and disease among people in vulnerable situations, such as homelessness, is different from that between individuals in different social positions. Therefore, it is important to go beyond the purely biological understanding of diseases, given that something seen as a problem for one individual may not be seen as such by another, so as to influence the expression of health demands and, therefore, constituting an aspect that should be considered in the elaboration of the provision of care. (COELHO NETO; ANTUNES; OLIVEIRA, 2019; WOULD; SIQUEIRA-BATISTA, 2022)

PHC has a great responsibility in the care of homeless people, since this service plays a fundamental role in promoting integrated care and acting as a gateway to the health care network. The Street Clinic (CnaR) is an important mechanism established by the National Primary Care Policy, aiming at a better response to the health needs of the homeless people, through intersectoral integration between health policies and other public policies. Actions are developed on the streets, in conjunction with the PHC teams in the territory, with the Family Health Support Center, with the Psychosocial Care Centers (CAPS), with the emergency network, with social assistance services and with other related institutions, in order to expand the access of the homeless to health services and establish bonds that go beyond simple care. (COELHO NETO; ANTUNES; OLIVEIRA, 2019; WOULD; SIQUEIRA-BATISTA, 2022)

Thus, the practice of Family and Community Medicine, in view of its intrinsic link to PHC and to the idea of the centrality of care in the person and in the community context, has an important weight in the elaboration and participation of measures aimed at the homeless population. In this context, it is

essential to consolidate the adequacy of care through strategies such as harm reduction, which is an important tool applied by the CnaR teams that enables contact and approximation with the homeless, while considering the uniqueness of individuals in the construction of care. Thus, the importance of integrating health with the subjective demands of users and their life contexts is highlighted, as well as the effectiveness of intersectoral articulation to make it possible for such demands to be effectively met, providing the guarantee of the rights of all layers of the population. (COELHO NETO; ANTUNES; OLIVEIRA, 2019; WOULD; SIQUEIRA-BATISTA, 2022)

FAMILY AND COMMUNITY MEDICINE IN THE CONTEXT OF WORKING WITH MIGRANTS AND REFUGEE POPULATIONS

One study addressed primary health care for Bolivian immigrants in Brazil, focusing on the Bom Retiro neighborhood in São Paulo. The qualitative research was carried out through interviews with 30 Bolivians and 49 health professionals, categorized into five central themes. The results reveal that the simple guarantee of access to health services does not ensure adequate care for the immigrant population. Strategies that consider cultural, social and legal barriers are needed. Bolivians face precarious living and working conditions, living in overcrowded sewing workshops, which makes them vulnerable to diseases such as tuberculosis and syphilis. In addition, self-medication and the use of traditional Bolivian medicine, related to the belief in PachaMama, demonstrate the importance of understanding the cultural practices of this population in the health context. (DELAMUTA, K. G. *et al.,* 2020; LOSCO; GEMMA, 2021) The challenge of contact with vulnerabilities in the most diverse psychological, biological, social domains and problems related to access to health make refugee and migrant populations from remote areas people with complex health needs, in need of health care coordination beyond the prescriptive view. From this perspective, the family and community physician has included in his training pillars, the competencies and skills of team leadership for the management of the care of such complex cases, empowering the individual while mobilizing health teams, family members and social equipment. Family and Community Medicine, therefore, with its humanistic training and roots in social medicine, is the specialty that can understand the difficulties of access and the impact of the social determinants of health on the individual's quality of life, understanding social factors and vulnerabilities that lead to the worsening of the health-disease process, also acting as a facilitator of the communication channel in the doctor-patient relationship. Thus, clinical communication is an essential tool in the work of family medicine with vulnerable populations, highlighting migrants and refugees, associated with dialect barriers and the need to understand literacy, non-verbal forms of communication and the use of cultural competence in the work routine. (DELAMUTA, K. G. *et al.,* 2020; LOSCO; GEMMA, 2021)

Health professionals in general understand Bolivians as a vulnerable population and face communication difficulties in their health routine, especially with newcomers who speak dialects such as Aymara and Quechua. To overcome these barriers, strategies were implemented such as the hiring of Bolivian community agents and the use of community radios, bringing the Basic Health Unit closer to the community. However, challenges persist. The perception of prejudice and superficial treatment are significant barriers, in addition to the lack of preparation of professionals in general, the majority of individuals in teams not specialized in the area of family health persist to deal with different cultures, thus highlighting the importance of training professionals directed to the specific study of family health, in a multiprofessional team view. The great need for public policies that contemplate intercultural care and that recognize the cultural specificities of immigrants is highlighted here. Thus, for the insertion to be effective, the involvement of social and political actors is necessary, going beyond simple legal access to health services. (DELAMUTA, K. G. *et al.,* 2020; LOSCO; GEMMA, 2021)

A qualitative study analyzed how the appearance and language barrier of Bangladeshi immigrants influence the way they are cared for by health professionals in a basic health unit (UBS) in northern Paraná. It revealed that, although health workers follow established protocols, they do not adequately meet the specific needs of immigrants, which results in incomplete or inadequate treatments. (DELAMUTA, K. G. *et al.,* 2020) Language was a significant barrier, limiting the understanding of immigrants' demands, which led some professionals to use informal interpreters, such as friends or colleagues of patients. In addition, prejudices regarding the appearance of immigrants influenced the way they were received, often being labeled negatively before they even expressed their needs. The study also highlighted that in many cases, health workers assumed the needs of immigrants based on cultural assumptions, which led to the neglect of essential care. In addition, there were omissions in basic procedures, such as the incomplete completion of registration forms, which makes this population unviable in the health system, aggravating their vulnerability. The research suggests the need for greater cultural training of health professionals, as well as the creation of public policies that promote more inclusive and effective care for immigrant populations. In this way, health workers will be able to overcome linguistic and cultural barriers and provide more equitable care, aligned with the real needs of this population. (DELAMUTA, K. G. *et al.,* 2020)

In addition, the importance of combating cultural prejudices and stereotypes through awareness initiatives and intercultural training is reinforced. This continuous education is essential for Bangladeshi immigrants and other migrant populations to receive adequate and humanized care, based on their real needs and respecting their cultural specificities. With these measures, it is expected that the health system will become more inclusive, promoting equity in access and quality of services provided, especially to the most neglected and invisible populations, which is essential for public

health in a context of growing population diversity in Brazil. (DELAMUTA, K. G. *et al.,* 2020; LOSCO; GEMMA, 2021)

PRIMARY CARE, CHALLENGES AND NEEDS OF COMPREHENSIVE CARE FOR THE LGBT POPULATION

One study discussed the approach to health care for the LGBTI+ population, based on the analysis of medical school curricula, articles related to the theme and data collected by the research, pointing out significant gaps in the training of students regarding sexual and gender diversity. The piece indicates that there is an urgent need to improve this training, in order to ensure truly inclusive and effective care for this historically marginalized population, not only by the medical community, but by society as a whole, thus reducing prejudice and promoting a more welcoming health environment. The study also highlighted the importance of PHC, within the undergraduate program, as a propeller of this change, since it deals with the only axis, according to the students interviewed, which shows minimal concern with the approach to the topic with regard to the theoretical load of the current medical curriculum. (MEDEIROS *et al*., 2023)

There is a huge gap in the current undergraduate medical curriculum, with regard to the approach to gender and sexuality issues, with the reduced workload and low quality of discussions on the LGBTI+ theme being evident. It is noteworthy the way in which the dialogue on socioeconomic, political, and racial aspects of LGBTI+ health is basically non-existent within the curricula, and no theoretical substrate is offered for future medical practice. It is also essential to address, in medical education scenarios, the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT), formed by a group of guidelines and plans that formally represent the importance and objectives for the adequate care of the LGBTI+ population in the national territory. In addition to this idea, which is essential for meeting the established goals, there is a change in the current training of health professionals, so that they are sufficiently prepared to deal with the health demands of the LGBTI+ population, through specific actions and strategies, aimed at minimizing the effects of gender and sexuality discrimination on this historically marginalized population. The study, in addition to the theoretical basis presented, was based on the perception of the medical students interviewed, who were asked about the preparation offered throughout the undergraduate course with regard to the health of sexual and gender minorities. For the treatment of the data obtained, the work divided the students between openly LGBTI+ and heterosexual, later performing a qualitative analysis of the discussions raised during online focus groups (GFO). The small sample size with which the study deals is noteworthy, since it presents only information obtained from 2 GFO's, one consisting of 5 cis-heterosexual members and the other of 5 cis-LGB members. A topic brought up in the analyzed study, present in the literature, but which gains greater prominence in

the GFO's, was the students' perception that there is, in addition to the low workload, a pejorative and prejudiced look associated with the LGBTI+ population when it is approached throughout the undergraduate course. It is shown that the marginalized group is often related, in a prejudiced way, to infectious and contagious and psychiatric diseases, while on the other hand there is no dialogue on the socioeconomic, cultural and racial aspects of the theme. Thus, with the exception of PHC, a biopsychosocial view of this population is not perceived, hindering the adequate training and future care of these individuals. The analyzed study, therefore, concludes that there is a perception in both GFO's that LGBTI+ health teaching is inadequate in the current medical curriculum, training professionals unprepared to address gender and sexuality issues, generating negative impacts on care for this population. (MEDEIROS *et al*., 2023)

Another study brings a systematic review of the existing literature on the qualification of health professionals to deal with issues related to the care of members of the LGBTQI+ community, aiming to find gaps in the training of these workers and point out ways for better future care for this marginalized group. The authors, in general, bring in the work a mini summary of the main idea of 19 articles selected by them. In view of a simplistic scope, it can be said that all of them pass on the same information: there is a clear lack of preparation of health professionals with regard to the care of the LGBTQI+ population, and the solution to the issue involves revolutions in medical education and care for marginalized groups. The researchers make a clear correlation, associating the difficulty of dealing with the LGBTQI+ theme in the field of health with the very strong - and undeniable - influence exerted by the heteronormative thinking of contemporary capitalist Western society on medical practice. In the midst of a scenario like Brazil, for example, the country that kills the most transsexuals in the world, there is no great hope of adequate care for this population. If those who care, as well as those who teach, are inserted in a context of prejudice and even dehumanization of the different, there is no reason to believe that they will treat the issue of transsexuality in the professional sphere differently from what they treat in private. The piece also highlights the importance of incorporating sexual and gender diversity into health curricula. The idea, although excellent and again accurate, appears to be utopian. Considering the panorama described, of the challenges of the reality of a broadly LGBTQI+phobic context, together with the assumption of direct reflection on health education and care, it becomes laughable to think about the plausibility of a broad and assertive curricular reform towards a more welcoming care for sexual and gender minorities. Such a positive dynamic seems even more unimaginable when one takes into account that, just last year, in medical school spaces, we came across cases of violation of the human rights of these populations, with the maintenance of transphobia in the academic and student environment, associated with the use of pejorative terms during classes, pointing to ignorance or at least neglect of the subject. (PARANHOS; WILLERDING; LAPOLLI, 2021)

Based on the analysis of reports from health professionals, a study brings a critical and in-depth view of the interaction between the LGBTT community and Primary Health Care (PHC), within the scope of the Family Health Strategy (FHS). It is demonstrated throughout the text that, even within a political (Piauí) and health (ESF) context considered progressive, described in the theoretical platform of popular thought as a welcoming scenario for minorities, there is still great prejudice, veiled and wide-open, against the LGBTT population, making it impossible to provide adequate care for these groups. (FERREIRA; BONAN, 2021) The play masterfully highlights the invisibility with which LGBTT individuals suffer, intelligently making use of excerpts from conversations with professionals from the Family Health Unit (USF) interviewed. All deny questioning the sexuality or gender identity of patients. When they find out, it is always indirectly, through mannerisms attributed in a prejudiced way to the population in question, rumors that run through the neighborhood, or information already present in the registry, such as social name. Thus, it is unthinkable to provide a service consistent with the specific needs of these audiences, since their identities are nothing but secrets, well or badly kept, in a game of hide and seek imposed on these individuals by society. (FERREIRA; BONAN, 2021)

Furthermore, even if addressed openly, sexuality and gender issues would have little effect on better care for these minorities, as can be inferred from the reports presented in the study. The professionals questioned, in general, show great concern in reiterating the equitable treatment given to patients. The problem, however, is that they continue to describe how they deal equally with all the attendees of the USF, showing themselves to be incapable of differentiating the concepts of equality - equal treatment of the unequal - and equity - unequal treatment of the unequal, to the extent of their inequalities, aiming at social justice. If the treatment will be egalitarian, and not equitable as recommended by the SUS, the knowledge of the differences is really useless, as stated in the reports. In addition, the study highlights the importance of looking at direct violence against the LGBTT public when providing health care. From the most explicit, such as the refusal to treat gay patients, as in the case of one of the doctors interviewed, to those less clear, such as jokes in the corridors. The most worrisome, however, is the association of members of the LGBTT community with stigmatized conditions, such as AIDS, which comes not from professionals and their own prejudices, but from the training courses and improvement workshops themselves, as evidenced by the reports. (FERREIRA; BONAN, 2021)

CONCLUSION

Working with communities and vulnerabilities is directly related to working with inequities, and it is essential to prepare health professionals to work in the territory in order to ensure equity with the prioritization of access and longitudinal monitoring of historically marginalized populations such as homeless people, refugees, migrants from remote areas, people deprived of liberty and the LGBT

population. The mere existence of health services with an open door for the individual to enter the Unified Health System is not a guarantee that these populations are being well cared for and do not have barriers to access to health, from displacement, communication, perceptions and understandings, stigma, fear and oppression from the family, social and community environment. In order to solve the causal factors of such complex and historical problems, it is essential to make an initial investment in education, to address these themes in medical training and in the most diverse health professionals, constituting multiprofessional teams, especially in Primary Care. However, investment in training, education and specialization should also be targets of planning, and it is essential to prioritize the specialist professional, both in primary care at the territorial level, as well as the specialist in vulnerable populations, social issues related to human rights and a broad vision of the family approach in the light of the different forms of manifestation of social determinants in health in suffering and in the impact of marginalization on quality of life of the human being, of surviving and belonging. From this perspective, Family and Community Medicine rises as a fundamental training strategy for changing the vision, education and approach of these priority themes, considering complex social issues as direct influencers of individual and collective health.

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