

DIVERSITY AND MEDICINE: A CONVERSATION IN THE LIGHT OF THE WORK "THE TRAVELING DOLL"



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Elaine Alves Lacerda Souza¹, Camilla Junqueira Araújo², João Victor Chrisostimo Baptista Feres³, Laura Pires Guasti⁴, Leticia Nunes de Moura Ferrete⁵, Luiza de Mattos Acosta Brazil⁶, Luiza Calmon Nogueira da Gama Pereira⁷, Manuela Ferraz da Costa⁸, Marcella Magliano Marins⁹, Mary Anne da Costa Oliveira¹⁰, Nicole Leal de Azevedo Venice Maya¹¹, Vinícius Alves Carneiro Lima¹² and Yohanna Braga Pinto Queiroz Vianna¹³

ABSTRACT

Medicine is the field of knowledge based on the care and promotion of human health. And because of this, it dialogues with the existential universe of the being. In the beginning, medical practice focused only on the physical aspect of the patient in a vertical relationship. Many advances have occurred throughout the evolution of medical science, from the discovery of penicillin, modification of the concept of health, new technologies and currently the use of artificial intelligence in the doctor's daily life. All this change in scenario reveals benefits to those involved in the context of medicine. On the other hand, society has also changed, in addition to the scientific perspective, the patient presents other existential

¹ Guidance counselor

Master of Laws

Estácio de Sá University

² Graduating in Medicine

IDOMED - Institute of Medical Education

³ Graduating in Medicine

IDOMED - Institute of Medical Education

⁴ Medical Student

IDOMED - Institute of Medical Education

⁵ Bachelor of Dentistry - Currently Graduating in Medicine

IDOMED - Institute of Medical Education

⁶ Medical Student

IDOMED - Institute of Medical Education

⁷ Medical Student

IDOMED - Institute of Medical Education

⁸ Bachelor of Architecture and Urbanism - Currently Graduating in Medicine

IDOMED - Institute of Medical Education

⁹ Bachelor of Industrial Design - Currently Graduating in Medicine

IDOMED - Institute of Medical Education

¹⁰ Bachelor of Nursing and Residency in Obstetric Nursing - Currently Undergraduate in Medicine

IDOMED - Institute of Medical Education

¹¹ Medical Student

IDOMED - Institute of Medical Education

¹² Graduating in Medicine

IDOMED - Institute of Medical Education

¹³ Medical Student

IDOMED - Institute of Medical Education

demands that dialogue with the universe of medicine. In view of the reality posed, the work proposes a conversation about the cultural and social diversity that are intertwined in the performance of the doctor. For this, the legal and ethical aspects will be analyzed as a reference in Kafka's *The Traveling Doll* to address diversity in the scope of medical education. The work will use a concrete case establishing the challenges encountered in the doctor-patient relationship in the face of the gap in medical education on diversity in health care. The question that is intended to be answered is: does medical education prepare physicians to deal with diversity in health care?

Keywords: Diversity, Medical Education, Literature, Federal Constitution, Code of Medical Ethics.

INTRODUCTION

Cultural and social diversity in Brazil is an evident and present aspect in everyday life, reflecting the mixture of different ethnicities, traditions and values that are part of our national identity. In the health scenario, there is a multiplicity of culture that permeates the relationships of those who provide the services and those who receive. Thus, medical academics, as future physicians, need to recognize that plurality directly affects the shape of the structure of patient care. Medical practice, historically focused on the treatment of the physical body, today is faced with the need for a broader approach, which considers the cultural, social and emotional particularities of each individual.

Recognizing these elements is essential to establish quality health care, where the relationship between doctor, patient and family plays an essential role. For this relationship to be truly effective, it is crucial that the doctor adopts a posture of respect and otherness, understanding that health goes beyond biology and involves the life experiences and values of each patient. However, there is a gap in medical training in relation to the preparation to deal with this diversity, which can generate challenges in the day-to-day of clinical practice.

This paper seeks to discuss the importance of a medical education that incorporates cultural and social diversity in the training of future physicians. To this end, the Convention on the Protection and Promotion of the Diversity of Cultural Expressions is used as a basis for reflecting on the need for more inclusive education. In addition, the work "The Traveling Doll" will be analyzed to illustrate the challenges that diversity imposes on medical practice, highlighting how cultural sensitivity and the exercise of otherness can transform health care.

On the other hand, it is important to remember that medical practice is guided by legal frameworks that reinforce the need for ethical and inclusive care. The Federal Constitution and the Code of Medical Ethics guarantee the right to health for all, without discrimination, and require the physician to adopt a posture of understanding in order to respect diversity, ensuring that all patients receive adequate and humanized care.

OBJECTIVE

The objective of this study is to understand how medical education can be improved so that future professionals are more prepared to deal with the different cultural and social realities that they will encounter in practice. To this end, a concrete case will be used to demonstrate the challenges faced and propose solutions that can be applied in medical

training, contributing to a health care that is truly sensitive to the needs of all patients, regardless of their cultural or social origins.

BACKGROUND

FUNDAMENTALS OF THE DOCTOR-PATIENT-FAMILY RELATIONSHIP:

The relationship between doctor, patient and family members is fundamental for the success of health care, based on trust, effective communication and otherness. The patient should feel safe with the doctor, who in turn relies on the patient's reports for proper evaluation.

Clear communication allows the patient and their family members to understand the diagnosis, treatment options, and make informed decisions (SILVA et al., 2021). Empathy helps the physician to better understand the feelings and needs of those involved (VIEIRA & FERNANDES, 2022).

The doctor plays a crucial role as an educator, communication facilitator, and emotional supporter. He must be able to explain medical information in an understandable way, promoting patient autonomy and empowering family members to actively participate in care (SILVA et al., 2021).

In addition, the physician acts as a facilitator of care, articulating efforts between different health professionals and guiding the patient and family through the treatment path. The leadership role ensures that all health needs are met, from medical treatment to the necessary emotional and social support (VIEIRA & FERNANDES, 2022).

The doctor can also mediate conflicts, especially when there is disagreement between the patient and family members. The ability to mediate these conflicts with empathy and respect is essential to maintain a collaborative care environment centered on the patient's well-being (SILVA et al., 2021).

In this way, the doctor-patient-family relationship becomes a partnership that promotes more humanized care.

CULTURAL AND SOCIAL DIVERSITY IN HEALTH CARE

Cultural diversity is a term that concerns a wide range of dissimilarities and that recognizes the differences between various groups of human beings, valuing the particularities of each culture and respecting them. It refers to the variations in cultural, ethnic, linguistic, religious, gender, and social characteristics among the individuals and

groups that make up a population. Recognizing and valuing the diversities of each human being is a daily promotion of inclusion and equity in health. In addition, this concept favors the fight against prejudice and the construction of a fairer and more respectful world for all.

Culture profoundly influences how individuals perceive illness and treatment. Certain health and wellness practices may be rooted in specific cultural traditions, which can affect treatment choices and adherence to medical recommendations.

In the social context, factors such as socioeconomic status and education level also play a significant role in determining health outcomes. Socially marginalized or economically disadvantaged groups often face greater challenges in accessing quality health care, which can result in significant disparities in care.

Professionals trained in the health area must be able to understand cultural and social differences, since, when making their care possible, they must ensure good care, which is effective and respectful, covering the values, beliefs and cultural traditions that have been built throughout the patient's life.

However, it is important to reflect on the fact that each difference is made up of internal contradictions. Therefore, it is not based on the premise that there is an absolute difference between each social or cultural group, when it is recognized as diverse. In addition, it is necessary to consider the existing relations of power and force that transcend and determine them.

Alterity, according to philosopher Emmanuel Levinas, is an ethical concept that can be applied to medical practice by recognizing the patient as a unique being, with their own subjectivities and life stories. For Levinas, responsibility towards the "Other" is fundamental, and, in the medical context, this implies treating the patient not only as a set of symptoms, but respecting their dignity, their cultural and social differences. By adopting otherness, the physician promotes an ethical and humanized practice, essential to deal with the growing diversity and complexity of health care. (SOUZA et al., 2020)

LITERATURE AS A SOURCE OF REFLECTION IN MEDICAL PRACTICE

Awareness is a practice that can be developed through the use of tools, Literature is an enriching source that contributes to the awakening of other lenses. Medical education is dynamic, being fed back by the reality posed. The analysis of the work "The Traveling Doll" allows an expansion of awareness in the doctor-patient relationship.

Franz Kafka (1883-1924) was a Czech and Jewish writer, considered one of the main writers of Modern Literature. Graduated in law, he wrote his works in his free time from his work, despite his professional competence he was always dissatisfied, as he could not dedicate himself fully to literary activity as he wished. His childhood and adolescence were marked by the domineering figure of his father, for whom only material success was important. Kafka had a troubled emotional life, intimidated by the harsh upbringing he received and unhappy loves. He became an isolated and rebellious person, a behavior that deeply marked his works, which portray the anxiety and alienation of twentieth-century man (SOUSA, 2021).

The book *Kafka and the Traveling Doll*, written by Jordi Sierra i Fabra, is based on a true story, told by Kafka's companion, Dora Dyman. A year before his death, Franz Kafka was walking through the Steglitz park in Berlin, where he found a girl crying, because she had lost her doll. To calm the little girl, he made up a story: the doll was just traveling, and he was a "doll postman". The next day, he wrote the first of many letters that, for three weeks, he delivered punctually to the girl, narrating the doll's adventures experienced in all corners of the world (SOUSA, 2021).

Franz Kafka, in his work *"The Traveling Doll"*, explores important issues such as loss, otherness and the effort to understand the internal world of the other. These themes offer a rich basis for reflecting on diversity in health. In the field of health, diversity involves understanding and adapting to people's varied needs and realities, which go beyond the traditional categories of race, gender, and socioeconomic status. Just as the man in the story seeks to understand and care for the girl in an empathetic and reflective way, health professionals must adopt an equally sensitive and individualized approach when dealing with patients from different backgrounds and contexts (SOUSA, 2021).

Diversity in health requires a recognition of the complexity of human experiences and the adaptation of care to meet these variations. Kafka's work sheds light on the importance of listening to and understanding the other's perspective, of recognizing that each person brings a unique story and need. The care, empathy, and otherness that the character demonstrates in his interaction with the doll illustrate how sensitivity and attention to individual nuances are fundamental to the practice of inclusive and effective health. Therefore, both in Kafka's narrative and in health practice, understanding and valuing diversity is crucial to promoting well-being and inclusion (SOUSA, 2021).

SPECIFIC CASE

The present case is the personal report of the experience of medical students at the Estácio de Sá University - IDOMED, in order to apply the theoretical knowledge acquired in college and promote quality health to those with less access. Thus, students Laura Guasti and Luiza Brazil carried out volunteer work in the hinterland of Bahia during the July 2024 vacations, specifically in the community of Raso, in the municipality of Canudos. The objective of the "Canudos Project" carried out by the Brazilian Institute of Social Expeditions (IBES), is to promote health, education and income through social expeditions.

Visits to the community were always marked by a human warmth that contrasted with the arid climate, and highlighted the abyss of reality that is found in urban centers. On a day of care at the improvised health center set up by IBES, one of the patients scheduled was Dona C.S., a 96-year-old woman, illiterate, who had requested help for her persistent headaches.

The service lasted about 4 hours and not for a second Mrs. C.S took a smile off her face, quite the contrary, there seemed to be a dissociation between the story of a life suffered and the way she told it. In addition, extracting clinically relevant information in the face of a language and cultural barrier was a great challenge, even more so when our training is based on the biomedical method that seems to value the symptoms rather than the individual construction of the patient. Trying to break this barrier, we sought to get out of the conventional method and suggested a visit to his residence, in this way we would be immersed in his reality and perhaps better understand his complaints.

When we arrived at Dona C.S.'s house, we were greeted by her and her daughter, who ended up joining us in the service. We sat in front of her, so as not to create physical barriers between us and we began to listen to her story with the complements of her daughter. Mrs. C.S. already showed signs of cognitive decline and reports of functional losses, it was evident that her pain was not only physical, but also emotional, marked by a life of difficulties and few opportunities. Just like Kafka's otherness and his sensitive approach, we try to understand his situation in depth, not only treating the symptom, but also seeking to understand its causes and context.

We used our skills to perform a detailed assessment, but our approach went beyond clinical procedures. We talked to Dona C.S. about her daily habits and helped her identify possible sources of relief, such as myofascial release techniques and other at-home methods that could complement the treatment. In addition, the use of medications, available

through donations, was prescribed to treat her central desensitization to pain due to years of chronic pain, guidance on ergonomics that made sense for her case and personalized care to avoid future physical overload.

The experience was a profound learning experience for us. We understand that the practice of medicine goes beyond the administration of medications, it involves a genuine connection with the patient and adaptation of care to their unique realities and needs. Just as Kafka used his creativity to comfort a grieving child, we seek to provide relief and dignity to Mrs. C.S., respecting her limitations and valuing her life story. We say goodbye to Dona C.S. with the certainty that volunteer work is not only about providing medical care, but also about creating a support network that recognizes and respects the diversity of human experiences.

We are grateful for the opportunity to learn and grow with the Raso community and we praise the work offered by the Canudos Project, which contributes to promoting the teaching of health professionals to recognize and respect the cultural particularities of each person. We take with us a valuable lesson about the importance of starting a reception from its individual nuances, with due attention and sensitivity, being fundamental for inclusive and effective medical practice.

THE LEGAL AND ETHICAL CONTOURS IN THE FRAMEWORK OF DIVERSITY IN MEDICAL PRACTICE

Diversity in medical practice is a crucial subject that involves both legal and ethical aspects. In many countries there are laws that guarantee non-discrimination in relation to race, gender, sexual orientation, religion and culture. Medical practice should be sensitive to the different identities and experiences of patients, including the use of appropriate language and the adaptation of practices to ensure that everyone feels understood, as well as the interest and willingness to understand and adapt to the cultural and individual needs of patients.

FEDERAL CONSTITUTION OF 1988

The Federal Constitution of 1988 establishes health as a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other health problems and universal and equal access to actions and services for its promotion, protection and recovery. Inclusive and equitable medical practice is

grounded through the principles of equality and the right to health. The application of these principles must take into account the diversity of the population, ensuring that everyone has equal and fair access to health services, without discrimination.

Principle of Equality (Art. 5)

Article 5 of the Federal Constitution is essential to ensure that medical practice is inclusive and respectful of diversity. This article establishes the principle of equality and non-discrimination:

Article 5: "All are equal before the law, without distinction of any kind, guaranteeing to Brazilians and foreigners residing in the country the inviolability of the right to life, liberty, equality, security and property."

This means that all people, regardless of personal characteristics such as race, gender, sexual orientation, religion, culture, or disability, should receive the same treatment and attention in the health system.

Right to Health (Art. 196)

Article 196 of the Constitution establishes that health is a right of all and a duty of the State and this principle must be applied in a way that considers the diversity of the population:

Article 196: "Health is a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of diseases and other health problems and universal and equal access to actions and services for its promotion, protection and recovery."

The interpretation of this article implies that the State must ensure that all people have equal access to health services.

CODE OF MEDICAL ETHICS

In addition to the constitutional provisions, the Code of Medical Ethics, prepared by the Federal Council of Medicine (CFM), also guides medical practice in relation to diversity. The code emphasizes respect for the dignity and rights of patients, reinforcing the need for care that is non-discriminatory and sensitive to individual needs. The most recent version of the Code, updated in 2018, reflects a modern and inclusive approach, emphasizing the

importance of respectful care that is sensitive to the diverse characteristics of patients. It portrays the main aspects related to diversity:

Respect for the Dignity of the Patient (Art. 1 and 2)

Article 1: "The physician must respect the dignity of the human being regardless of his race, sex, sexual orientation, creed, nationality, social class or economic condition."

Article 2: "The physician must consider the patient as an integral human being, and not just as a disease or a part of the body."

These articles ensure that doctors should treat all patients with dignity and respect, regardless of their personal characteristics.

Equal Treatment (Art. 3)

Article 3: "The physician must offer medical care in an equal manner and without discrimination."

It reinforces the need for doctors to provide equal care, ensuring that all people receive quality health care, without discrimination based on any personal characteristic.

Confidentiality and Privacy (Art. 4 and 5)

Article 4: "The physician must respect the confidentiality of the patient's information, except in situations provided for by law."

Article 5: "The physician must protect the patient's privacy and ensure that his or her personal information is kept confidential."

Protecting privacy and maintaining confidentiality are important aspects to ensure that all personal information, including that related to diversity, is treated with due confidentiality.

Informed Consent (Art. 6)

Article 6: "The physician must obtain the patient's free and informed consent to perform any procedure or treatment, explaining the risks and benefits."

Informed consent should be obtained in such a way that the patient fully understands and can make informed decisions, taking into account their own needs and characteristics.

Respect for Preferences and Beliefs (Art. 7 and 8)

Article 7: "The physician must respect the patient's beliefs and preferences, as long as they do not endanger the patient's health and life."

Article 8: "The physician must seek to understand and consider the patient's cultural and personal view of health and treatment."

These articles highlight the importance of respecting patients' individual beliefs and preferences, including cultural and personal aspects that may influence their approach to treatment.

Sensitivity and Inclusion (Art. 9)

Article 9: "The physician must promote inclusion and accessibility, ensuring that all patients, including those with special needs, have adequate access to health care."

It emphasizes the need to promote an inclusive and accessible environment for all patients, including those with special needs.

LEI FEDERAL Nº 8.080/1990

Federal Law No. 8,080/1990 defines, in its Article 2, paragraph 1, that the State's duty to guarantee health consists of the formulation and execution of economic and social policies aimed at reducing the risks of diseases and other health problems and establishing conditions that ensure universal and equal access to actions and services for their promotion. protection and recovery, during the 17th National Health Conference, a document entitled "Building New Mornings in the Tomorrow that is Now" was published, which encouraged the participation of representatives of population groups placed in conditions of greater vulnerability due to individual, collective and/or territorial characteristics.

During the conferences, it was possible to include these representatives, who were responsible for producing proposals, among them IV, V and VI, the most relevant for this study.

IV – The expansion of visibility and access to different population groups and territories in the policies and initiatives of health systems and services, advancing in relation to equity and the rights of all people;

V – The expansion of the guideline of integrality of care towards the necessary dialogues with the diversity of cultures, traditional knowledge and modes of occupation in each territory, for people in their different life cycles and collectivities, prioritizing groups that live in conditions of vulnerability. The reach of the initiatives

must include black people, the elderly, women, men, adolescents, children, LGBTQIA+, with disabilities, with chronic diseases, with pathologies and rare diseases, communities, traditional peoples and the homeless population;
VI – The recognition of popular practices for the production of health, of Integrative and Complementary Practices in Health, of knowledge in the territories, of science and technology and of inclusion policies in the Unified Health System (SUS).

ORDINANCES

In Brazil, several ordinances and regulatory standards address diversity in medical practice, although many of them do not deal exclusively with the topic. They establish guidelines and regulations that indirectly promote an inclusive medical practice that is respectful of the diversity of the population.

Ordinance No. 1,459, of June 24, 2011

Objective: Establishes the National Policy for the Integral Health of the Black Population.

Relevance to Diversity: This ordinance establishes specific guidelines for health promotion and the reduction of health inequalities in the black population, recognizing the need for a differentiated approach to meet the specific needs of this population.

Ordinance No. 3,088, of December 23, 2011

Objective: Establishes the National Mental Health Policy, and defines guidelines for psychosocial care in Brazil.

Relevance to Diversity: This ordinance includes guidelines for the care of people with mental disorders, including attention to diversity issues that may impact mental health, such as cultural and social factors.

Ordinance No. 2,088, of November 27, 2012

Objective: Establishes the National Health Policy for the Elderly.

Relevance to Diversity: Defines guidelines for health promotion and comprehensive care for the elderly, considering the specific needs of this age group and promoting inclusion and equity in access to health services.

Ordinance No. 2,028, of October 21, 2016

Objective: Establishes the National Policy for Comprehensive Women's Health Care.

Relevance to Diversity: Aims to ensure comprehensive care for women, addressing issues such as reproductive health, prevention and treatment of specific diseases. They include guidelines for considering the different realities and needs of women, such as those of different ethnicities, ages and sexual orientations.

Ordinance No. 2,436, of September 21, 2017

Objective: This ordinance establishes the National Primary Care Policy (PNAB), which aims to organize primary health care in Brazil.

Relevance to Diversity: The PNAB highlights the importance of comprehensive and humanized care, which includes the need to adapt health services to the diverse characteristics and needs of the population, such as in relation to issues of gender, sexual orientation and other dimensions of diversity.

Ordinance No. 1,279, of June 7, 2018

Objective: Establishes the National Health Policy for Persons with Disabilities.

Relevance to Diversity: Establishes guidelines to ensure that people with disabilities have access to necessary health care, promoting accessibility and inclusion at all levels of health care.

CONVENTION ON THE PROTECTION AND PROMOTION OF THE DIVERSITY OF CULTURAL EXPRESSIONS

The Convention on the Protection and Promotion of the Diversity of Cultural Expressions (2005) has as its main objectives: to promote and protect global cultural diversity, recognizing that culture is a common good of humanity and essential for sustainable development and international cooperation.

This document does not refer directly to medical practice, but there are some indirect intersections between the convention and the health area, especially in the context of cultural diversity. Health professionals, by knowing and applying the principles of the convention, can improve the effectiveness of care by incorporating respectful and culturally sensitive practices into their methods.

In addition, the convention promotes collaboration and cultural exchange, which is essential for continuing medical education and raising awareness among health professionals. Understanding the importance of cultural diversity allows clinicians to tailor

their approaches to better meet the needs of patients from different cultural backgrounds, promoting more inclusive and respectful care.

In some cultures, traditional health practices and alternative medicines play a significant role. The convention, by promoting cultural diversity, can support the appreciation and integration of these traditional practices in health, respecting the cultural beliefs and practices of patients.

Therefore, when addressing cultural diversity in medical practice, it is critical to consider the principles established by the Convention on the Protection and Promotion of the Diversity of Cultural Expressions. This recognition not only enriches patient care but also contributes to a more equitable medical practice that is sensitive to varied cultural expressions.

HEALTH AND QUILOMBOLA COMMUNITIES

The quilombos are determined by communities composed of descendants of enslaved people, who fled the plantations and colonial farms in Brazil. They were created as a form of resistance and the search for freedom, with the aim of preserving the habits of traditional life and pre-existing cultures. The inhabitants of quilombos are called quilombolas and, many times, this population faces challenges related to land and their own rights (TUASCO, 2023).

The culture of the quilombolas is a rich mosaic of African traditions, adapted and transformed over the centuries. Their practices include music, with rhythms such as jongo and capoeira, dances that celebrate ancestry, and rituals that connect the community with their ancestors. Cuisine is also a key element, with typical dishes that incorporate local ingredients and recipes that have been passed down from generation to generation, such as string beans and corn (TUASCO, 2023).

The best known quilombo in Brazil is called Palmares, which was active between the seventeenth and eighteenth centuries. It soon expanded, reaching thousands of inhabitants and an organized political structure and notable leaders, such as Zumbi dos Palmares. The place resisted several attacks by colonial troops, but was destroyed in 1694. The history of Palmares and Zumbi is remembered as a symbol of resistance and struggle for freedom to this day (TUASCO, 2023).

When we consider the cultural diversity of these peoples, it is crucial to recognize their impact on health. Cultural practices of medicine, which include the use of herbs and

ancestral knowledge, offer alternatives and complements to Western medicine, promoting a holistic approach to health. In addition, valuing quilombola culture and respecting their traditions are essential for the development of health policies that effectively meet the needs of these communities (BASTOS, 2020).

Diversity in health recognizes that different cultures have knowledge and practices that can enrich the approach to care, making it more inclusive and respectful. Thus, the intersection between quilombola culture and diversity in health is a call for a more equitable medicine, which respects and values the particularities of each people (BASTOS, 2020).

CONCLUSION

The reflection made during the study shows the importance of integrating cultural and social diversity in medical education and clinical practice. The analysis of the work "The Traveling Doll" and the case experienced by students Laura and Luiza in a community in the hinterland of Bahia revealed how otherness and respect are essential for respectful medical care.

Franz Kafka's work, *The Traveling Doll*, is related to medical practice, when the doctor recruits otherness and empathy, from the emptying of judgments to understand the other, because after all there is no way to exhaust human complexity, nor to know in depth the reality of each of the patients. Just as Kafka used his creativity to comfort a child and cope with loss, health professionals must take a sensitive and individualized approach, recognizing and valuing the individuality of each person.

The experience of caring for Mrs. C.S. demonstrated that medical practice must go beyond treatments, but must have special attention, directed to the reality of patients, offering personalized and individualized care to each one of them, always remembering that we are treating the patient as a whole and not just a disease. Thus, like Kafka's empathetic spirit and sensitive approach, the students tried to understand Dona C.S.'s situation in depth, not only treating her symptom, but also always seeking to understand its causes and context. Given this, we think about how cultural and social diversity in Brazil is very rich, having a great mix of traditions and values that directly influence how to treat each patient.

The Federal Constitution and the Code of Medical Ethics reinforce the obligation of professionals to ensure inclusive and humanized care, ensuring the right to health for all, without discrimination.

Therefore, it is concluded that social diversity in medical practice is a crucial issue that requires concrete actions to promote a more inclusive and sensitive approach. In relation to medical students, the creation of elective courses, workshops and symposia on diversity in health is fundamental, as it broadens the understanding of the different cultures experienced by patients. For medical professionals, it is essential that professional class councils offer continuing education courses and lectures that address issues related to diversity in health.

Thus, the promotion of academic training, as well as the encouragement of medical professionals to seek more literature in order to discuss sensitive and contemporary themes linked to social diversity can further enrich and exalt medical practice. In addition, cultivating otherness as a virtue is essential for physicians to feel more capable of dealing with diversity, which results in more humanized and effective care.

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