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EMERGENCY CASES: NEED FOR IDENTIFICATION IN PATIENTS WITH CHRONIC DISEASES AND NON-COMMUNICABLE DISEASES (NCDs)

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ABSTRACT

This article focuses on the identification of patients with NCDs, focusing on specialized care based on their pathology. The objective is to identify patients with chronic diseases in an emergency situation. The research will adopt a qualitative and exploratory approach. First, it will address chronic diseases in Brazil. Next, the direct action of the Ministry of Health. Finally, the importance of specific care for the patient. The conclusion is that it is necessary to identify patients with chronic diseases, since time is the crucial factor.

Keywords: Chronic Noncommunicable Diseases. Public Policies. Ministry of Health. Patient Identification.

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INTRODUCTION

Throughout life, human beings go through countless trials involving family, professional, and even financial situations. However, other conditions go beyond the individual's own will, such as health issues.

Since the beginning of the population, in addition to the lack of information, people did not care about their health, so much so that life expectancy was low. However, it is known that nowadays, human beings have started to worry more and take care of their well-being.

Currently, one of the major concerns in the medical field corresponds to the advance of chronic non-communicable diseases (NCDs) in Brazil. According to the National Health Plan carried out in 2019 by the Brazilian Institute of Geography and Statistics (IBGE), it is stated that 52% of people aged 18 or over reported having been diagnosed with at least one chronic disease. (IBGE, 2020)

With this significant increase, there is a huge overload in both private and public healthcare. Therefore, in this clear situation, especially in a moment of crisis of a person suffering from a chronic disease family members or friends who are unaware of the condition refer the individual so that he or she can receive the appropriate treatment. However, upon arriving at the hospital (usually a public one) he or she discovers that there is no specific means of care, and he or she is left sitting or even standing, waiting for medical care. Knowing that chronic diseases require special care, and also, depending on the case, time is a critical factor. So, how do hospitals (both public and private networks) manage to identify a patient suffering from chronic diseases, especially in an emergency? It is common knowledge that healthcare facilities are legally obliged to keep and/or store the medical history (medical records) of their patients for a minimum period of 20 years. However, having a medical report alone is not enough to resolve pathological discrepancies and expedite specific care. The research will adopt a qualitative and exploratory approach, with data collection being done through literary works and recognized articles. In addition, the Access to Information Act will be used, as well as a Supreme Court decision that reinforces the right to health and human dignity.

The specific objectives, in turn, are: to address, in a synthetic way, chronic diseases in Brazil; to identify the obligation and means of action of the federal government with health care; to understand how these specific services are being constructed, as well as their identification, mainly in emergency cases.

In the first moment, an approach will be made to the characteristics that underlie diseases with chronic pathologies, reinforcing the need for greater care for this respective public.

The second topic will be to identify the actions of the Ministry of Health in the face of cases of chronic diseases, as well as its participation in the care of patients affected by these diseases.

And finally, understand how this service works in practice, by the responsible body and how the Legislative and Judiciary branches have acted, especially in emergency cases.

CHRONIC DISEASES: CHARACTERISTICS AND THEIR AGGRESSIVE POPULATION GROWTH

Throughout life, all human beings go through countless problems, but the one that causes the most difficulty is precisely health issues. Most individuals tend to seek treatment through home remedies (traditions used by their ancestors) or by using self-medication, usually in an exacerbated way.

A disease is understood as the set of signs that the body shows to inform that there is some irregularity or a change in its normal state of health. However, illnesses are not the only cause, since they are related to countless conditions that can cause a disease. Furthermore, not all biological issues are always the true reasons for an increase in the disease. After conceptualizing this term, it is important to distinguish between acute and chronic diseases (the central theme of the work). Therefore, diseases considered common, also called acute, are symptoms that generally appear quickly and improve over time, usually in a short space of time. Chronic diseases, on the other hand, generally develop slowly and persist for a long period, characterized by having a much longer-lasting nature and notably, with symptomatic progression.

Other distinctions to be mentioned refer to causes and symptoms, in which acute diseases have as their basic characteristics temporary factors, such as viral or bacterial infections, temporary injuries, and allergies. Their symptoms, The causes of chronic diseases are fever, pain, fatigue, and general discomfort. Chronic diseases, in turn, can have numerous multifactorial causes, such as genetic predisposition, and lifestyle habits (such as poor diet, sedentary lifestyle, and smoking). Symptoms include mild situations that later intensify over time, such as hypertension. However, it is important to mention the core of this work: chronic non-communicable diseases (NCDs) have been growing rapidly. According to the study carried out by Luciani, et. al (2022), “they are responsible for 71% of all deaths in the world, representing 41 million premature deaths - between 30-69 years old - in 2019”. In a study carried out in 2020, the World Health Organization (WHO) also makes it clear that cases of NCDs “are the main causes of global death, with estimates of 41 million deaths annually (70% of deaths worldwide)”. (WORLD HEALTH ORGANIZATION, 2020)

These studies are conducted worldwide, but Brazil, unfortunately, has been following this growth. MALTA (2011) states that “72% of causes of death are related to this set of diseases”.

According to the United Nations General Assembly, these NTCDs are “cancers, cardiovascular diseases, chronic respiratory diseases, diabetes, and mental health conditions - they are considered a threat, in broad aspects”. (UNITED NATIONS GENERAL ASSEMBLY, 2011)

The most common in Brazil are diabetes, cancer, mental illness, cardiorespiratory disease, cardiovascular disease, people with Alzheimer's, Parkinson's, Epilepsy, and Autism Spectrum Disorder (ASD). However, the 2019 National Health Survey defines chronic diseases, in addition to those mentioned, as high blood pressure, cholesterol, asthma, stroke, chronic spinal problems, depression, chronic renal failure, and work-related orthomolecular disorders (WMSDs). (NATIONAL HEALTH SURVEY, 2019)

The 2019 National Health Survey also includes risk factors for an individual to acquire any of these chronic diseases, such as inadequate food, alcohol abuse, smoking, sedentary lifestyle, and obesity. However, in an attempt to reduce the risks, the National Health Surveillance Agency (ANVISA) through Resolution No. 922/2024 “prohibits throughout the national territory the manufacture, import, and sale, as well as the use in health services, of thermometers and sphygmomanometers with a mercury column”.

The federal government, according to the Ministry of Health (2011), develops actions to combat these diseases, mainly with social policies aimed at risk control, through leaflets, advertisements (radio and/or television), publicity in the following aspects: smoking control, reduction of salt intake, reduction of alcohol and drug intake, physical activity, preparation of balanced diets and development of appropriate technologies. In this sense, it is noted that chronic diseases have been growing dramatically, however, it is possible to glimpse practices to combat them through public agencies led by the Ministry of Health. These actions should bring positive results over time, however, individuals who are affected by these diseases need to have specific treatment, especially when arriving at a health facility (public or private).

PUBLIC POLICY PLANS AND ACTIONS IN THE FIGHT AGAINST NCDs/DANTs

When mentioning the right to health, it must be understood that it is a fundamental right, and it is not for nothing that the Federal Constitution defends that it is not an obligation of the State alone, but rather, a duty of everyone. However, the Public Power needs to take the lead.

Therefore, Barros (2021) states that:

> (...) the right to health requires actions by the Public Power to be duly implemented, that is, the Public Power needs to carry out projects to materialize, to give life to the content of the law. Otherwise, this text will be based on rules without the necessary force or obligation to be effective given its essentiality. (BARROS, 2021, p. 224)

Furthermore, the citizen's charter also mentions the importance of having competencies between the Union, States, and the Federal District to protect and defend health. (BRAZIL, 1988)

This application in the form of competence is interpreted assertively. Arretche (2004) states that:

> This distribution of competencies is conducive to producing the effects expected by the literature on federalism and public policies: overlapping actions; territorial inequalities in the provision of services; and minimum common denominators in national policies. These effects, in turn, are derived from the limits to the national coordination of policies. (ARRETCHE, 2004, p. 22)

The responsibility for national planning and management, as well as regulation and standardization for its operation, is understood to be the responsibility of the Union, through the Ministry of Health.

This federal agency has the power to eres to make the most important decisions in this sectoral policy. Therefore, municipal governments must comply with the rules and practices conducted by the Ministry of Health, that is, they depend on federal resources to be able to carry out their activities. The federal government will be responsible for setting the rules, which will directly influence the government's agenda. (ARRETCHE, 2004, p. 22)

This public policy will be built through the Unified Health System (SUS), given that the vast majority of the Brazilian population uses public hospitals in the 26 (twenty-six) states and the Federal District as a resource for medical and hospital care.

However, it would not be pertinent to apply public resources to more private networks, thus, there would be no need to transfer a high cost to the public network. Campos (2018) states:

> In Brazil, 54% of health spending occurs in the private sector, which serves only 25% of the population. The SUS, which is exclusively responsible for 75% of the population, in addition to providing services aimed at the entire society, has only 46% of the resources. It would be financially and socially unfeasible to extend the policy centered on the market and private insurance to the entire population. (CAMPOS, 2018, p. 1708)

When speaking of the SUS, it is understood as a complex mechanism, taking into account that the beginning of this system is linked to Primary Health Care (PHC), that is, it is the first level of health care characterized by a set of actions aimed at the individual and the community.

PHC is established with the obligation to organize and create mechanisms to ensure that the SUS has its functionality, serving to implement the respective demands, respecting the uniqueness of the problems, and building a resolution for all cases. Its function is to organize and coordinate the most diverse actions linked to the Public Health Networks, as well as to establish means to reduce costs and bring about better public policy. (NATIONAL COUNCIL OF HEALTH SECRETARIES, 2015)

Even with the support of the APS, the public bodies responsible for guaranteeing the right to health for all need to take certain more incisive actions to combat the advance of chronic non-communicable diseases. However, the federal government has been conducting several studies to prevent various diseases (including NTCDs) since 2004.

In 2021, the Ministry of Health developed the Strategic Action Plan to Combat Chronic Diseases and Non-Communicable Injuries in Brazil, 2021-2030 (DANT Plan). One of the relevant information in this new plan corresponds to the application of the term aggravation. (BRAZIL, 2021)

According to the DANT Plan, these aggravating diseases are caused by accidents or violence. The first can be characterized by morbidity and mortality, mainly in cases of traffic accidents (which may or may not be fatal). The second (violence) can be applied as a result of disorder between social classes, and it is also possible to bring up issues of gender, skin color, race, and educational level and may affect the lowest class in society.

The 2021-2030 Plan translates its study of diseases caused by accidents or violence based on 5 (five) specific panoramas: Traffic Injuries, Homicides, Suicides, Accidental Falls, and Violence Surveillance.

This Plan brings an important factor to be mentioned, it addresses the responsibilities of each sphere of the Executive, that is, its implementation is linked to the actions of the federal, state, Federal District, and Municipal governments. This is an important collaboration, aiming at the protection and surveillance of chronic and acute non-communicable diseases. Abrucio and Franzese (2007) highlight the importance of common competence, provided for in art. 23 of the Citizens' Charter, in which they reinforce the cases that consist of public policies:

> (...) conservation of public assets; health and social assistance; access to culture and education; environmental protection; promotion of agricultural production and food supply; housing and basic sanitation; combating the causes of poverty; and education policy for traffic safety. (ABRUCIO and FRANZESE, 2007, p. 7)

It should be understood that these goals and actions, defined in the plan, need to be top-down, making federal agencies the controllers of the greatest demands, especially regarding financial issues. Abrucio (1994) already demonstrated an imbalance when he explained that “the Union still concentrates a series of governmental activities, (...) while the states exempt themselves from assuming responsibility for public policies”. It is also important to mention that the constitutional text addresses the distribution between the levels of government, but it was done imprecisely. (ABRUCIO, 1994, p. 172)

Thus, it is clear that the Federal Government, through the responsible body, contributes to the fight against and prevention of chronic diseases and non-communicable diseases, however, the central question has not yet been answered: In emergency cases, how will patients with chronic diseases be identified so that they can receive specific care?

HEALTH CARE FACILITIES' ACTION IN EMERGENCY CASES

In an attempt to resolve this confusion, it was deemed pertinent to request, through the Access to Information Law (LAI), the identification of people with chronic diseases so that they can receive specific care, especially in emergency cases.

A request was filed on September 11, 2024, with the Ministry of Health, under protocol no. 25072.049567/2024-47, with the following question: What national program helps identify people with diseases (e.g., elderly people, people with Alzheimer's, Parkinson's, epilepsy, autism spectrum disorder, and other health conditions), especially in emergency cases? On 10/1/2024, it was reported that it needed to be extended for another 10 (ten) days, concluding on 10/11/2024. However, the response arrived, via email, on 10/8/2024, before the stipulated deadline.

In response, the Ministry of Health states that the SUS offers comprehensive healthcare for the elderly and approved, through Ordinance No. 2,528/2006, the National Health Policy for the Elderly.

Regarding cases of Alzheimer's, Parkinson's, and epilepsy, the Ministry of Health reports that:

> (...) the SUS offers comprehensive diagnosis and treatment through the National Policy for Care for Patients with Neurological Diseases. It is important to note that its implementation in all states must be carried out by Annex XXXII of Consolidation Ordinance No. 2 of September 28, 2017. It also establishes the standards for qualifying High Complexity Neurosurgery Care Units and Neurology Reference Centers (Consolidation Ordinance No. 1 of February 22, 2022, Section II, which replaces SAS/MS Ordinance No. 756 of December 27, 2005). (PROTOCOL NO. 25072.049567/2024-47)

The Ministry of Health published Clinical Protocols and Therapeutic Guidelines (PCDT) which addresses the general concept of “diseases, diagnostic criteria, inclusion and exclusion criteria, treatments and mechanisms for regulation, control and evaluation”. In addition, the respective public body also approved joint Ordinances for Alzheimer's, Parkinson's, and Epilepsy diseases.

In the case of the health of autistic people, the LAI states that the SUS provides the Psychosocial Care Network (RAPS) and the Care Network for People with Disabilities (RCPD), whose actions are supported by the National Policy for Comprehensive Health Care for People with Disabilities (PAISPD).

And it also receives specialized outpatient care points, which are the Specialized Rehabilitation Centers (CER), where they perform “diagnosis and treatment, in addition to granting, adaptation and maintenance of active technology”. Also included is “care for people with disabilities (PWD) and Autism Spectrum Disorder (ASD)”. Still involving this specific group, in 2014 the Ministry of Health published the Guidelines for Care for the Rehabilitation of People with Autism Spectrum Disorder (ASD).

Through these guidelines, the Ministry of Health informs that:

> (...) after the user with ASD has access to a service, within the scope of the SUS, the multidisciplinary team must evaluate him/her and prepare his/her Singular Therapeutic Project (PTS) taking into account his/her context. The PTS aims to outline specific treatment strategies to promote the rehabilitation and social inclusion of these individuals, considering their particular needs and supporting their integral development. It is important to emphasize that the Ministry of Health recommends that the conduct of health professionals who work in RCPD services and serve people with ASD must be in line with the guidelines of the National Policy for Comprehensive Health Care for People with Disabilities (PNAISPD) and the National Policy for the Protection of the Rights of People with Autism Spectrum Disorder (ASD). (PROTOCOL No. 25072.049567/2024-47)

Another important issue raised by the LAI refers to the socialization and quality of life of individuals with ASD, and it is no wonder that the Ministry of Health has the National Policy for Comprehensive Health Care for People with Disabilities (PNAISPD). Finally, the Access to Information Act Protocol presents how access to an outpatient rehabilitation service works, respecting the Care Network for People with Disabilities (RCPD):

> The user must first seek out the Basic Health Unit closest to their home so that an assessment can be carried out by the Primary Care team and, if necessary, be referred to a service that is part of the Specialized Care in Rehabilitation where the user must undergo a biopsychosocial and multidisciplinary assessment, composed of professionals from the rehabilitation area, to establish a functional diagnosis, through a process that also identifies the potentialities and needs of the individual, their family, and their life context. All These factors serve as a basis for the preparation of the PTS, aiming at rehabilitation planning, defining therapeutic objectives, and indicating the use of resources and therapeutic methodologies that will be adopted. (PROTOCOL NO. 25072.049567/2024-47)

The commitment of public servants in providing the requested information is clear, as well as the care taken to transcribe it clearly (easy to interpret) and accurately since it is known that the Ministry of Health, in this case, did not have access to the author of the request, that is, it could have been requested by any individual (with the most diverse thoughts, ideologies, regionalities, behaviors, among others) and from any social class.

It is also important to emphasize all the activities presented: the actions, goals, projects, programs, strategies, and especially the legal standards that reinforce their execution, as well as the paths that the patient needs to acquire all the conditions to receive their respective treatment, whether for acute or chronic diseases.

Even with all the information presented, the central question has not yet been answered, that is, the purpose of this work is related to the identification of an individual in a health facility, especially when the patient is suffering from a serious crisis. It is known that hospitals can access the history, but imagine the chaos/loss when they cannot access it due to lack of internet or failure of the public system. Patients with chronic diseases need to have specific care according to their needs, so it is important to make a brief but highly relevant comparison.

It is important to emphasize that this means of patient identification does not “only” refer to the issue of facilitating care, but also contributes to better decision-making and rapid resolution of incidents in the hospital, that is, it is directly linked to the constitutional principle of human dignity.

The State has a fundamental role in defending the right to health through its public policies. Therefore, this rapid service contributes to better planning in the supply of drugs, even avoiding their absence, which could cause harm to individuals who need these specific medications.

Regarding the lack of drugs in the public health system, the Supreme Federal Court ruled in Extraordinary Appeal No. 566,471/RN that it is mandatory to supply drugs, including those that are not included in the SUS, as long as the real need for treatment is proven, regardless of the cost of distributing the drug.

This proof is present in Repetitive Theme No. 106, granted by the STJ on May 4, 2018, which is: a) Proof, using a medical report, of the indispensability or need for the drug, as well as the ineffectiveness of the treatment; b) Existence of registration of the drug with Anvisa; c) Financial incapacity of the patient. Still, on this topic, this appeal has general repercussions that resulted in Themes No. 6/STF and No. 1161/STF.

As stated, the lack of medicines in the public health system is the responsibility of the State through its public policies, especially given the violation of fundamental rights and principles. With this interpretation, it is clear that the rapid identification of patients with chronic diseases and non-communicable diseases is also the responsibility of the State and is linked to the principle of human dignity, especially in the case of an individual who is having a crisis, that is, having access to the patient's health condition directly influences the immediate application of the correct medication.

Therefore, to respond to the central issue, unfortunately, it does not depend solely on the Ministry of Health, it needs to have a statement from the Federal Legislature, and it can take as a plausible solution the State Law of Rio de Janeiro No. 8,506/2019.

However, there is Bill No. 2.644/2024 authored by Federal Deputy Marcos Tavares (PDT/RJ) which provides for the implementation of a national program to distribute identification bracelets to the elderly, people with Alzheimer's, Parkinson's, epilepsy, autism spectrum disorder and other health conditions, aiming to facilitate access to vital information in emergencies.

The use of identification in a personal document (State Law No. 8.506/2019) or by wearing a bracelet (Bill No. 2.644/2024) is relevant in speeding up the care of these patients with chronic non-communicable diseases, as well as the recognition and guarantee of their rights, promoting their access to services and priority care.

In addition to the practices demonstrated above, it is also considered appropriate to create a code on a personal document with a photo, which will contain all the necessary information regarding the patient's condition, resulting in established best practices for applying specific care, as well as reducing the excessive number of people in waiting lines, in addition to the other activities (plans and actions) carried out by the Ministry of Health.

FINAL CONSIDERATIONS

The 21st century is becoming a major challenge for public health. Chronic diseases and non-communicable conditions currently affect millions of people, constituting one of the greatest global challenges, especially because they are diseases that hurt society, harming the quality of life and causing an excessive increase in the capacity of the Unified Health System.

There is no way to underestimate all the work undertaken by the Ministry of Health, especially given the numerous National Surveys, Action Plans, Protocols, Assistance Policies, Specialized Centers, and Care Networks. However, these chronic non-communicable diseases have been affecting all audiences, regardless of social class, and also issues of gender, skin color, race, and educational level.

Of course, in this first step, people have gone through Primary Care, where the responsible team will perform all the necessary procedures to facilitate the identification of the respective illness. The patient is then referred to a service that seeks Specialized Care, where biopsychosocial and multidisciplinary assessments will be carried out, finalizing the specific prognosis, as well as the real needs of each individual, linking it to family situations and even life context.

However, these practices are not enough, given the peculiarity of each case, especially in emergencies. Therefore, it is understood that there is a need for a legal mechanism that can contribute to the rapid identification of chronic illness.

This application will bring excellent results for a patient, who can have more personalized care, remembering that time is the crucial factor for a person, that is, this care that can bring benefits or harm to the condition of that individual.

From a collective perspective, identification will also be of great value, especially for the Ministry of Health, as it will have a system integrated into its programs that records all patients, optimizing its care practices, as well as being able to control the most diverse public resources, constituting better techniques for managing the use and delivery of medicines, scheduling care with higher quality and developing public policies.

Therefore, it is important to have a legal means of identification for the condition of each patient with NCDs. Bill No. 2,644/2024 brought an easily accessible mechanism, however, it believes it is important to carry out a more in-depth and specific study on the subject (recognition in a personal document, for example), as long as its sole purpose is to facilitate access to specialized care and also contribute to the effectiveness of the activity of health establishments (public and private).

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