

Less stigma, more complexity: a new lens on Primary Health Care and Brazilian National Health System (SUS) on the screen

Menos estigma, mais complexidade: uma nova lente sobre a Atenção Primária em Saúde e o Sistema Único de Saúde nas telas

Menos estigma, más complejidad: una nueva lente sobre la Atención Primaria de Salud y el Sistema Brasileño de Salude (SUS) en las pantallas

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Good evaluations of the Brazilian National Health System (SUS) are not usually shown on television nor on the pages of newspapers¹. Studies have found that media coverage systematically associates SUS with “failures, shortages and precariousness, creating and maintaining the perception that SUS is a problem”².

In addition to the impacts of the constant and systematic attacks on the image of SUS, this type of coverage hinders complex themes or themes of public interest from being debated by large audiences, like social participation and the appropriation of the system’s flows and offers by society. A distinct chapter of this coverage is being perceived during the Covid-19 pandemic, with the recognition of the role played by SUS.



When it comes to journalism or fiction, communication and information can contribute to promotion of health-related themes and prevention of health problems in a population. In fact, access to information is considered a social determinant of health.

According to the report “*As Causas Sociais das Iniquidades da Saúde no Brasil*”, for the information flow to work, it is necessary to enhance access to health information sources and flows, increasing knowledge and capacity for action and enabling the adoption of healthy behaviors and social mobilization in order to improve life conditions. Unfortunately, large sectors of the population have their capacity to decide and act in favor of their health and of the collectivity significantly reduced because of their lack of access to knowledge and information³.

In addition to individual and collective protection measures, when individuals and groups understand how the current healthcare system works, they are able to use and evaluate it without stigmatizing it. The System of Social Perception Indicators (SIPS) about health has shown that the SUS services are more accurately evaluated by those who use it than by those who do not⁴. This fact enables us to state that many people who use the system are satisfied, while those who do not know it are the ones who most criticize or even reject it.

The production of narratives that present the principles of primary care to the public, highlighting assistances provided in contexts of social vulnerability and human diversity and attempting not to import esthetic patterns, focusing on what can be seen and perceived as being closer to reality, seems to be offered by the TV series “*Unidade Básica*”. What is seen on the screen is the decision to present a complex and necessary SUS.

This is the opposite of what occurs when audiences only have access to media constructions conducted by a hegemonic perspective, especially journalism products, which, although allegedly guided by objectivity, neutrality and impartiality, many times end up “supposing that the pre-image of SUS is possibly related to a system for the poor, not to a right of the citizen”⁵.

Fictional TV series have gained ground in the preference of the Brazilian audience in recent years. They have consolidated in pay television and on-demand streaming services - with access granted upon payment and related to “the technological context around digital and internet resources that has impelled the circulation of TV series at the global level, beyond the traditional model of television circulation”⁶. Here, it is necessary to mention Law 12.485/2011, known as the Pay TV Law, which establishes that pay television channels must broadcast Brazilian content, half of it from independent producers.

The TV series mentioned above was broadcast by cable television and subsequently by a streaming service, both of them private. Beyond the issues related to access to these means, we would like to introduce, in this dialog, the place of public television. We argue that the debates fostered by the series are related to commitments and values that guide the ideal of public television: right to information; pluralistic content, capable of opposing hegemonic domination; diversity; and respect for human rights⁷.



Including fictional TV series that discuss relevant themes to the Brazilian society in the broadcast programming of public televisions should be imperative. It is necessary to strengthen incentive policies for audiovisual production, like the Audiovisual Sector Fund (FSA) of the National Film Agency (Ancine) – which, as it happens, supported the TV series “*Unidade Básica*” -, guaranteeing this broadcast in public televisions.

The broadcast of public health themes by public televisions is not new. The English national health care service is present on the screen of the British BBC with the non-fiction series “The NHS: A People’s History” and the medical drama “Casualty”.

It is interesting to notice that the complex and necessary SUS is absent from the Brazilian public TV’s fiction programming, but other themes like the dissemination of healthy habits, environmental responsibility and the diversity of popular culture are present. Would this be a sign that SUS has never been assumed as a project during governments and that a new pact with society⁸ is necessary?

Another aspect that we discuss focuses on what the authors pointed as the objective of the article under discussion. We register here that the TV series recovers the attributes of primary care⁹, the category of vulnerability¹⁰, beyond the risk for health, and puts comprehensive care at the center of the discussion, approaching what Ayres classified as the axes of comprehensive care¹¹: needs, purposes, articulations and interaction. We agree with the challenge of expressing, in content and esthetics, the power of the articulations between multiprofessional knowledge, practices and bodies, and also with the expansion of dialogic interactions between health workers and users in care practices. The shortcomings, as mentioned by the authors, in producing what Teixeira¹² calls an “embracement-dialog” in the encounters between workers and users do not reduce, in our opinion, the value of the initiative of the TV series nor the reflection, reiterated by the authors, on its challenges.

Finally, it is important to highlight the relevance of the different contexts in which the series was planned, produced and broadcast. Everything happened between one moment, even though tensioned and insufficient, of advances in SUS and primary care, and another one marked by retrogression. Data published by IBGE¹³ show a reduction from 48% to 37% in the number of families that received monthly visits of primary care members between 2013 and 2019. If SUS and primary care could play a more decisive role in the management of Covid-19, it is also true that the pandemic arrived in a moment when SUS is fragile. It is in this contradiction, between fragility and the perception of the relevance of SUS, that we must praise the TV series “*Unidade Básica*” and the authors’ reflection.

Authors' contributions

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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Editor

Antonio Python Cyrino

Associated editor

Sérgio Resende Carvalho

Translator

Carolina Siqueira Muniz Ventura

Submitted on

05/20/21

Approved on

05/24/21

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