DOI: https://doi.org/10.18569/tempus.v14i2.2796

Sigilo, confidencialidade e privacidade: perspectivas pedagógicas na Estratégia Saúde da Família

Secrecy, confidentiality and privacy: educational perspectives in the Family Health Strategy

El secreto, la confidencialidad y la privacidad: perspectivas en el proceso educativo sobre la Estrategia de Salud de la Familia

Andréia Patrícia Gomes[1]
Lucas Lacerda Gonçalves[2]
Polyana Mendes Maia[3]
Sandra de Oliveira Pereira[4]
Adriano Simões Barbosa Castro[5]
Jorge Luiz Pereira[6]
Taciana de Souza Bayão[3]
Rodrigo de Barros Freitas[7]
Stefania Salvador Pereira Montenegro[8]
Rodrigo Siqueira-Batista[9]

ABSTRACT: The investigation of bioethical issues in the Family Health Strategy (FHS) still remains a neglected theme in contemporary scholarly literature, despite the pressing issues that arise in this sphere of health care. In this context, elements related to the relationship between

1 Doutora em Ciências, Fundação Oswaldo Cruz (FIOCRUZ). Professora Associada, Departamento de Medicina e Enfermagem, Universidade Federal de Viçosa (UFV).
2 Residência Médica em Cirurgia Plástica e Cirurgia do Trauma, Hospital Risoleta Tolentino Neves. Diplomado em Medicina, Universidade Federal de Viçosa (UFV).
3 Diplomada em Medicina, Universidade Federal de Viçosa (UFV).
4 Assistente de Pesquisa, Laboratório de Métodos Epidemiológicos e Computacionais em Saúde (L-MECS), Universidade Federal de Viçosa (UFV).
5 Farmacêutico, Departamento de Medicina e Enfermagem, Universidade Federal de Viçosa (UFV).
6 Químico, Laboratório de Métodos Epidemiológicos e Computacionais em Saúde (L-MECS), Universidade Federal de Viçosa (UFV).
7 Associado, Departamento de Medicina e Enfermagem, Universidade Federal de Viçosa (UFV).
8 Diplomanda da Escola de Medicina, Faculdade Dinâmica do Vale do Piranga (FADIP).
9 Doutor em Ciências, Fundação Oswaldo Cruz (FIOCRUZ). Professor Associado, Departamento de Medicina e Enfermagem, Universidade Federal de Viçosa (UFV). Professor Titular, Escola de Medicina, Faculdade Dinâmica do Vale do Piranga (FADIP).

users and health professionals gain relevance. The study of this theme is the mote of this article, in which results obtained from FHS professionals in the county of Viçosa/MG, while they trained and attended a workshop on bioethics and Primary Health Care are presented – emphasizing conversations regarding secrecy, privacy and confidentiality developed throughout the educational process.
Keywords: Bioethics; Education; Family Health.

RESUMO: A investigação dos problemas bioéticos na Estratégia Saúde da Família (ESF) permanece, ainda hoje, como tema negligenciado nas publicações acadêmicas contemporâneas, a despeito das candentes questões que se apresentam nessa esfera da atenção à saúde. Nesse âmbito, elementos atinentes à relação entre usuários e profissionais de saúde ganham relevância. O estudo dessa temática é mote do presente artigo, no qual são apresentados resultados obtidos junto aos profissionais da ESF do município de Viçosa/MG, durante a realização de oficina de formação em bioética e Atenção Primária à Saúde – enfatizando as conversações sobre o sigilo, a privacidade e a confidencialidade – desenvolvidas ao longo do processo pedagógico.
Palavras-chave: Bioética; Educação; Saúde da Família.

RESUMEN: La investigación de las cuestiones de bioética en la Estrategia de Salud de la Familia (ESF) todavía permanece como tema descuidado en las publicaciones académicas contemporáneas, a pesar de los temas candentes que se plantean en esta esfera de la atención a la salud. En este contexto, sobre la relación entre los usuarios y profesionales de la salud se convierten en elementos más importantes. El estudio de este tema es el tema de este artículo, en el que los resultados obtenidos se presentan junto a los profesionales de la ESF de la ciudad de Viçosa/MG, mientras la realización de la formación en bioética y taller de formación primaria de salud – haciendo hincapié en las conversaciones sobre el secreto, la privacidad y confidencialidad – desarrollado durante el proceso educativo.
Palabras clave: Bioética; Educación; Salud de la Familia.

INTRODUCTION

The Family Health Strategy (FHS) presents itself as an avant-garde organizational model of Primary Health Care (PHC) in Brazil[1], functioning as a gateway to and a link between the instances that form the Health Care Networks (HCN), defined by Ordinance No. 4,279/2010 as "*organizational arrangements for health actions and services, of different technological densities that, integrated through technical, logistical and management support systems, seek to guarantee comprehensive care*"[2]. As a strategy to implement and capillarize comprehensive care within the scope of the Unified Health System (SUS), PHC has different characteristics when compared to other *modus operandi* in the provision of health actions, such as territoriality, population inclusion, intersectorality, multidisciplinary teamwork, longitudinality and integrality. In order to approach the community, teams have a minimal constitution: a doctor, a nurse, a nursing technician and

a community health agent (CHA), that last one is a resident of health clinic's area of coverage; following such an organization, the health service of this level of care must be established in order to offer answers to the health problems, illnesses and sicknesses of the individuals and community[3,4].

With the capillarization of care actions – in a context of proximity between the health team and SUS users – relationships regarding the reception and perception of the work in health emerge, a productive aspect in terms of bonds, but which imposes the need for constructing – and maintaining – a composition of responsibility and respect[1], which must be linked, necessarily, to bioethical references. In fact, this type of approach by professionals becomes necessary; work in the PHC/FHS takes place in a community subject to the interventions of health professionals who are not always capable of acting in situations that may involve conflicts related to ethics[5], considering that the latter is essentially "practical knowledge, knowledge to take action"[6]. Actually, different studies have shown that, in PHC/FHS, in many occasions, the identification of issues that should motivate bioethical assessments by professionals does not occur and, consequently, reflection on such scenarios is not encouraged[7,8,9]. In order to minimize the occurrence of circumstances like these, it is possible to bet on the construction – and the use – of theoretical tools by the workers, in which the main bioethical concepts can be explained, applied and used to propose solutions to conflicts and, equally, aiming the development of professional self-criticism. Concomitantly with the practice of exercising the profession, the development of these skills and the acquirement of this knowledge are considered essential for bioethical growth[10].

Such statement is precisely the domain of situations that imply respect for secrecy, confidentiality[11] and privacy in PHC/FHS. In fact, the scope of health care, personal situations – often delicate and embarrassing – are entrusted to doctors – and to other professionals –, requiring thorough care as to protect the information adequately[12]. Therefore, the three concepts represent the mainstay – essential prerogative – of established relationships between professionals and PHC/FHS users – regardless of their age group – and, therefore, must be preserved. Secrecy is characterized by the guarantee of confidentiality between health professionals and patients, due to a moral characteristic of the profession[12]. Confidentiality is conceptualized as a condition in which the confidant shares information and only he is able to authorize the breach of that confession[11,12]. Finally, privacy is the individual's control over access to his information – he is responsible for the revelation of his own information[12] –, so that, in addition, this concept also concerns the freedom and positive claim – experienced by individuals – for their personal dignity[13].

The approach of these fundamental concepts of health workers trainings is usual, but there are two issues to consider: (1) the assessment of the theme is, on many occasions, merely deontological – that is, not beyond an open discussion using bioethical references – and (2) is not effectively directed to the context of PHC/FHS, which has very specific nuances (for example, the decisive participation of the CHA, who, in different circumstances, lack the opportunity to discuss bioethics in their training process)[14].

Based on these brief notes, this article aim is to present data obtained from PHC/FHS professionals in the county of Viçosa/MG, during the *1st Training Workshop on Bioethics and Primary Health Care* (TWB-PHC), emphasizing conversations regarding secrecy, privacy and confidentiality in PHC/FHS developed throughout the educational process. The presentation of aspects of the I TWB-PHC (especially related to the results obtained in the focus groups) was the theme of another publication[14].

METHODS

Study area

The present study took place in Viçosa, a city which is located in the mesoregion of Zona da Mata Mineira, composed of 142 counties, totalizing approximately three million inhabitants. According to the 2010 census, 72,224 people reside in the city. The PCH network includes 15 FHS teams – installed in 14 registered and implanted health clinics. The estimate of the teams' total converge is of 51,750 inhabitants[15].

Research participants

All of the health professionals who carry out activities in the FHS from the 15 family health teams were invited to participate – in other words, doctors, nurses, nursing technicians, CHA and other professionals –, totalizing 136 people – according to the information obtained from Municipal Health Department of Viçosa (MHD-Viçosa). The invitation occurred during the TWB-PHC. The participation in the research was voluntary and required the PHC/FHS professionals' approval, carried out by the signing of a document called Informed Consent Form.

The workshop facilitators

The workshop had the support of two medical students of Federal University of Viçosa – both participants of the '*Bioethics in the training of health professionals: building discourses and praxis in the space-time of the Family Health Strategy*' project – and four technicians of Federal University of Viçosa (FUV) – three natural sciences graduates and one human sciences graduate – who works in the Laboratory of Epidemiological and Computational Methods in Health (L-ECMH) of the Department of Medicine and Nursing at University.

The workshop was organized by two institution's professors – research coordinators –, directly involved in its design and execution. The multidisciplinary team was responsible – after training the practice methodologies, to act as facilitators – conducting the proposed educational activities to be developed during the workshop. The facilitators' training was conducted by the two research coordinating professors.

Study design: the *1st Training Workshop on Bioethics and Primary Health Care*

The TWB-PHC enrolls itself in the field of social research and uses the theoretical methodological framework of qualitative research, due to the characteristics of the research object. The intent is to investigate this dynamic and complex reality in its historical-social realization[16,17]. This time, according to Minayo[16], the qualitative research in health "*works on the universe of meanings, motivations, aspirations, beliefs, values and attitudes, which correspond to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of a variable*".

The TWB-PHC was approved by the MDH-Viçosa, which was responsible for inviting all PHC/FHS professionals. The event was designed to take place during twelve hours[18], being held in three different moments, four hours each (a weekly meeting), according to the guidelines agreed upon with the MDH-Viçosa.

In the first moment, an initial presentation regarding the objectives and organization of the TWB-PCH was given and, on a continuous basis, lectures were given on fundamental concepts for the bioethical debate, through a dialogued exposition – about an hour long – with the aim of providing preliminary theoretical tools to enhance the development of the workshop, functioning as relevant concepts, to which new ones could be linked, in a movement of valuing knowledge and significant learning[19]. At that time, the concepts of ethics, morals and bioethics, the relations of this knowledge among itself and with other fields of knowledge such as science, law, as well as the main currents of contemporary bioethics were briefly addressed. Shortly after a quick coffee break, the movie "*SiCKO*" was shown, a documentary produced by Michael Moore which presents some aspects of the United States' health system, emphasizing the population assisted by health insurance. Following the movie, the first stage of its problematization process[20] took place (at about 60 minutes), promoting discussion regarding the Brazilian health system, which was debated, taking into account its advances and challenges, facing the American reality featured in the documentary. The participants were divided into four smaller groups (with about 15 members) – led by facilitators – aiming to raise the main problems observed in the movie, involving bioethical aspects; from this on, key questions were selected, which would be addressed during the second meeting after a search for relevant bibliographic references to solve the discussed topics.

In the second moment, the problematization was finished (about an hour), with the presentation, led by the participants, of concepts constructed from the assessment of the questions selected in the first moment, analyzed from the perspective of the bibliographic references. After a brief coffee break, the movie "*Goodbye Lenin*!" was shown – over two hours – and the participants were divided into three smaller groups (with approximately 20 members) to prepare for the simulated jury methodology (one hour duration activity), which would occur during the next meeting. One group would assume the role of the prosecutor, another group assuming the role of the defendant, and the final group acting as the judge, the roles were chosen randomly. The actions of the protagonist – Alexander Kerner (Alex) –, especially regarding the issue of communicating the diagnosis, were the motto for the "judgment". The theoretical tools acquired in the previous stages of the TWB-

PCH helped to construct the arguments used by each group. Guidelines and references were made available, equally, to all three groups.

In the third moment, the simulated jury took place. The groups took the roles which they had been drawn and, for an hour and a half, debated the actions of the character Alex, reaching a final verdict. Following the coffee break, a discussion was held on the issues of secrecy, confidentiality and privacy in PHC/FHS, the discussion of a fictitious problem situation of an HIV infection case in PHC/FHS, prepared by the team of researchers was the chosen teaching-learning method (Chart 1); this activity took place for over two hours and the participants were divided into four smaller groups (approximately 15 members). Through this situation, the pondering and inclusion of the concepts acquired in the TWB-PCH were sought after, aiming to assess the aspects that encompass the user, his family and the health team. At the end, the final evaluation of the workshop was carried out (about 30 minutes) by those presents.

The summary of the TWB-PHC structure is shown in Chart 2.

Chart 1. Fictitious problem situation used in the *1st Training Workshop on Bioethics and Primary Health Care*

“*Helena, womankind, 25 years old, is a patient at the local Family Health Basic Clinic (FHBC) in town of Troia and diagnosed with tuberculosis and HIV. During a consultation with her doctor, Dr. Podalírio, she confides him that she has had sexual relations with two “eventual” partners – Mr. Páris and Mr. Menelau –, which live on her street. One of them is engaged and is preparing for his wedding. The other is married, father to two children (three and five years old each) and his wife is four months pregnant.* *The young woman kindly asks Dr. Podalírio not to tell anyone about her HIV status, demanding absolute secrecy. The doctor tries to persuade to report them about her diagnosis, without any success. Afterwards, he discussed the matter with the other members of the family health team – the nurse Andrômaca, the nursing technician Hécuba and the community health agent Príamo – and, after an intense debate, – permeated by arguments based on the principles of bioethics, regarding autonomy, beneficence, non-maleficence and justice –, they decide to invite the both patient’s partners to talk and request viral testings.* *Helena, upon learning of what had happened – the summoning of Mr. Paris and Mr. Menelau to the FHBC and having her HIV status revealed to them – makes a formal complaint against the team at the Municipal Department of Health.*”

Chart 2. Summary of the *1st Training Workshop on Bioethics and Primary Health Care*

DURATION	CONTENT	METHODOLOGY
1st Moment of formation		
1 hour	Basic concepts of bioethics	Dialogue exhibition
15 minutes	Coffee break	

2 hours	The Unified Health System: ethical and political issues	Movie exhibition: "*SiCKO*"
1 hour	The Unified Health System: ethical and political issues	Problematization of the movie "*SiCKO*": raising questions related to the field of bioethics.
2nd Moment of formation		
1 hour	The Unified Health System: ethical and political issues	Problematization of the movie "*SiCKO*": presentation of the study results regarding issues raised at the first moment, related to the field of bioethics.
2 hours	Diagnosis communication, secretiveness, privacy and confidentiality	Movie exhibition "*Goodbye Lenin*!"
15 minutes	Coffee break	
1 hour	Diagnosis communication	Guidelines for the Simulated Jury, based on the film "*Goodbye Lenin!*"
3rd Moment of formation		
1 hour and 30 minutes	Diagnosis communication, secretiveness, privacy and confidentiality	Simulated Jury
15 minutes	Coffee break	
2 hours	Diagnosis communication, secretiveness, privacy and confidentiality	Discussion on the problem situation
30 minutes	Closing and final evaluation	

Source: Gomes et al. (2016)[14].

In this article, aspects related to the discussion of the problem situation (Chart 1) will be highlighted – emphasizing the aspects of secrecy, privacy and confidentiality in PHC –, and will be addressed in the next subtopic.

Approach of the problem-situation

Based on the problem-situation, the participants were encouraged to discuss the bioethical problems observed in the case within their smaller groups, led by facilitators. The first 90 minutes of the activity were dedicated to free assessment and argumentation of the identified issues. The final 30 minutes, the participants had received their own form to register their impressions regarding the problem-situation, which presupposed two aspects: (*i*) the position, in favor or against the conduct adopted by the team and (*ii*) the arguments that supported their decision. The form did not require their names, in order to safeguard the anonymity of the participants, thus guaranteeing the confidentiality of responses.

Data analysis

The data obtained through the impressions regarding the problem-situation was later evaluated based on the content analysis strategy, understood as: “a set of communication analysis techniques aiming to obtain systematic and objective procedures for describing the content of indicator messages (quantitative or not) that allow for the inference of knowledge related to the production/ reception conditions (inferred variables) of these messages”.[21]

Based on a “floating reading” of the answers, a pre-analysis was carried out and results obtained were categorized into two large groups: in favor or against the conduct adopted by the health team in the problem-situation. These categories, therefore, aim to comprehensively encompass the participants’ ideas and expressions described in their essays[22].

Ethical aspects

The research project was approved by the Human Research Ethics Committee (HREC) of Federal University of Viçosa. In order to carry out the study, the participants were asked to sign the Informed Consent Form, which emphasized the risks and benefits of the study, in addition to guaranteeing confidentiality regarding the identity of the research subjects, as well as the dissemination of their results in a scientifically recognized medium. Therefore, the research is in line with Resolution 466/2012 of the National Health Council, which regulates studies involving human beings as participants.

All participants signed the informed consent form, guaranteeing their anonymity in the answers, thus reducing operational bias in the analysis of the answers, since all are employees linked to the MDH-Viçosa.

RESULTS AND DISCUSSION

After the formalized invitation by the MDH-Viçosa and the researchers in charge of the study, 128 FHS professionals – of the 136 informed by the MDH-Viçosa – agreed to participate in the *1st Training Workshop on Bioethics and Primary Health Care.* The TWB-PHC also had two professionals (a doctor and a nutritionist) as guests, totalizing 130 participants. The data is presented briefly in Table 1. Accordingly, for operational reasons – in other to maintain a contingent number of people for activities held in the FHS clinics in the city – we chose to divide the total number of participants into two groups, with 64 professionals each. Therefore, six meetings, with duration of four hours were held, one per week, over the months of November and December 2013, with three meetings per group (12 hours of activities), as shown in Chart 3.

Chart 3. Distribution of the activities of the *1st Training Workshop on Bioethics and Primary*

1° GROUP OF PARTICIPANTS (N = 65 → 64 FHS professionals + 1 guest)		
1º *moment*	2º *moment*	3º *moment*
(1) Dialogue exhibition, (2) Movie exhibition ‘*SiCKO*’ and (3) Problematizing the movie (1st stage)	(1) Problematizing the movie (2nd stage), (2) Movie exhibition ‘*Goodbye Lenin*!’ and (3) Preparation for the simulated jury	(1) Simulated jury presentation, (2) Discussion of the problem situation and (3) Closing / final evaluation
Hourly Load = 4 hours	Hourly Load = 4 hours	Hourly Load = 4 hours
2° GROUP OF PARTICIPANTS (N = 65 → 64 FHS professionals + 1 guest)		
1º *moment*	2º *moment*	3º *moment*
(1) Dialogue exhibition, (2) Movie exhibition ‘*SiCKO*’ and (3) Problematizing the movie (1st stage)	(1) Problematizing the film (2nd stage), (2) Movie exhibition ‘*Goodbye Lenin*!’ and (3) Preparation for the simulated jury	(1) Simulated jury presentation, (2) Discussion of the problem situation and (3) Closing / final evaluation
Hourly Load = 4 hours	Hourly Load = 4 hours	Hourly Load = 4 hours
TOTAL WORKLOAD PER GROUP = 12 hours		

The participants’ distribution according to gender is described in Table 2. The participants are in most female (90%). Most participants were community health agents, which is justified by the huge number of these health professionals in the FHS as well as their significant adherence to activities. Nurses are the second most representative group of professionals in the study, followed by nursing technicians.

Table 1. Distribution of the workshop’s participants by profession, Viçosa-MG

Profession	Absolute Frequency	Relative Frequency (rel. freq.) (%)
Doctor	5	3,9%
Nurse	13	10%
Dentist	4	3,1%
Community Health Agent	81	62,3%
Nursing Technician	9	6,9%
Dental assistant	3	2,3%
Administrative assistant	8	6,2%
Cleaning assistant	3	2,3%
Nutritionist	2	1,5%
Guest	2	1,5 %
Total	130	100,0 %

Source: Research data.

Table 2.

Sex	Absolute Frequency	Relative Frequency (rel. freq.) (%)
Masculine	13	10%
Feminine	117	90%
Total	130	100%

Source: Research data.

Regarding the problem situation, a total of 78 forms were obtained, in which argumentative essays were written. After the qualitative analysis, 64 participants (rel. frequency = 82.0%) were in favor of team's conduct and 13 against; one person (frequency = 1.3%) was neither in favor nor against. In total, 46 professionals supported their perspective using bioethical principialist – with emphasis, mainly on the principles of non-maleficence and beneficence – and utilitarian arguments. Regarding the considerations in which arguments correlated to bioethical currents are observed, can highlight the excerpts below:

"*However, in the field of beneficence, the family strategy [team] acted kindly, as the patient Helena's situation put other people at risk and, mainly, one of the UBS priorities: pregnant women and children.*" [Professional AB1]

"*The team, thinking about beneficence and justice in relation to having a larger number of people involved, did not act wrongly.*" [Participant ED4]

"*[...] I am in favor of the doctor's decision, because you have lives at risk ...*" [Participant GH5]

"*Considering the principle of non-maleficence, the health team's attitude was correct since other people were involved...*" [Participant DR8]

Principialism is based on the articulation of four important principles for decision creating the scope of ethical issues in health area: beneficence, non-maleficence, justice and respect for autonomy[23]. Utilitarianism, on the other hand, is an ethical doctrine that prescribes action or inaction in order to optimize the well-being of all its individuals, in which it is recommended that action should always be taken in order to produce the greatest amount of well-being, that is if you follow the principle of maximum well-being[24]. A comment about the bioethical currents and the arguments presented by the participants is appropriate here. The principialist current is the one that has more dissemination in the training of health professionals, correlating with the deontological and Hippocratic ethics, which permeates not only the doctors training, but also the other health professions training, observed in the oaths of some of these professions. In relation to the utilitarian current, it is one that is frequently used in the face of health resource allocation analysis, which entices the moral agents, in this case, the FHS professionals, to use it as a tool for debate.

Among the people who were in favor of the decision, 16 pondered upon the breaking of medical confidentiality, that is, despite defending the principle of beneficence for the others – since there would be greater well-being for a greater number of people – they believe that in order to maintain the confidentiality of information, the case should not have been exposed to the whole team or should have been discussed in a more confidential way, as observed in the statements:

"*[...] but the situation needed to be thought upon ... not forgetting [HIV] to be a complex illness that requires to be treated with care and a lot of professionalism in relation to secrecy*". [Participant ST1]

"*the case in question could have been discussed anonymously, leaving only the doctor to know the real identities*". [Participant GY7]

"[...] *the less people who know the more safeguarded the patient's integrity would be*". [Participant RS2]

It should be noted that, among people who were in favor of the decision made by the family health team, 18 participants used only technical arguments, not using bioethical tools to justify their decisions, that is, the hypothesis of dissociation between ethical and technical competencies in the midst of professional practice in the health field, can be raised once again, which makes it impossible to identify the problem as pertaining to the scope of bioethics, as can be seen:

"*I am in favor, as she could be infecting more people...*" [Participant KL3]

On the other hand, 13 people (rel. frequency = 16.7%) were against the position adopted by the team, claiming that the patient has a total right of privacy: "I am against it, because the team called the two [partners] without first being sure that they were serum positive" [Participant JD3]. Considering the number of participants who took a stand against the decision made by the health team, six inferred to the principle of respect for the person's autonomy – that is, again in the principialist logic – in relation to the patient, mainly due to the bioethical perspectives of privacy and patient-doctor confidentiality:

"*[...] before breaking medical confidentiality, appropriate guidance could have been provided to the infected patient regarding the serious risks related to maintaining unprotected sexual activity...*" [Participant CD2]

"*It is a difficult situation, since the patient has full right to privacy regarding her life and the doctor always has to maintain professional ethics.*" [Participant LH5]

The other seven participants used technical concepts in their arguments such as:

"*The integrity of the infected person must be preserved, as there is a lot of prejudice in our society regarding HIV.*" [Participant NH4]

"*The FHS team's attitude was correct because its main mission is '[health] promotion, prevention...*" [Participant LL8]

In the meantime, it becomes clear that technical skills gain strength in solving everyday work problems. Evidently, this perspective cannot be overlooked at any time, but it must be emphasized that professional competence includes technical, bioethical and citizenship aspects that all lead to the understanding of the health-disease process and training needs to account for this complex totality of skills necessary for the practice of work in the health field, in the logic of comprehensive care[25]. Thus, the analysis of the data shows, once again, the difficulties in identifying and addressing bioethical conflicts.

FINAL CONSIDERATIONS

Bioethical problems are frequently present in the practice of health professionals, in their daily work and in the different levels of health care. In the context of PHC/FHS, with the close relationship between the multidisciplinary team and the community, previously unobserved issues emerge and others, that have already occurred, stand out. In this investigation, secrecy, confidentiality and privacy – aspects that are widely discussed and present in the work process within the FHS clinics in the county of Viçosa[26] and in other cases[8,9] – were themed in the midst of a bioethics training workshop regarding PHC.

Based on the verification of the need of conceptual training and the implementation of the learned theory in the clinical practice, this workshop was developed, using the references of methodological pluralism[27] and teaching-learning processes centered on the subjects. Conceiving them as historically and socially inserted, in order to trigger meaningful learning and make them more autonomous, based on the construction of a praxis of change and in search of comprehensive care for the population and individuals, resources were used in which the active methodologies worked with educational action triggers, aiming to increase the quality of care in the city.

Some level of theoretical appropriation by the participants was observed, especially with regard to principialism and utilitarianism. However, the approach using technical concepts – in detriment of bioethical references – shows that there are ways to go until bioethics can, in fact, be part of the day-to-day know-how of PHC/FHS professionals, which will contribute – substantially – to the improvement of comprehensive health care actions.

REFERENCES

1. Seoane AF, Fortes PAC. A percepção do usuário do Programa Saúde da Família sobre a privacidade e a confidencialidade de suas informações. Saúde e Sociedade. 2009; 18: 42-49. ISSN 0104-1290. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902009000100005&nrm=iso >.

2. BRASIL. Ministério da Saúde - Gabinete do Ministro. PORTARIA Nº 4.279. Brasília – DF, 30 DE DEZEMBRO DE 2010. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/prt4279_30_12_2010.html >.

3. Costa JRB, et al. Formação médica na estratégia de saúde da família: percepções discentes. Revista Brasileira de Educação Médica. 2012; 36:387-400. ISSN 0100-5502. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000500014&nrm=iso>.

4. CREMESP. Código de Ética Médica - E Textos Legais Sobre Ética em Medicina. 2ª ed. Conselho Regional de Medicina do Estado de São Paulo. 2007; 71. Disponível em: <http://www.ipebj.com.br/docdown/_e41b6.pdf >.

5. Motta LCS, Vidal SV, Siqueira-Batista R. Bioética: afinal, o que é isto? Revista Brasileira de Clínica Médica, 2012b; 10(5)431-439. Disponível em: <http://files.bvs.br/upload/S/1679-1010/2012/v10n5/a3138.pdf >.

6. Cortina A. O fazer ético: guia para a educação moral. São Paulo: Moderna, 2003.

7. Vidal SV, Motta LCS, Gomes AP, Siqueira-Batista R. Problemas bioéticos na Estratégia Saúde da Família: reflexões necessárias. Revista Bioética. 2014; 22:347-357. ISSN 1983-8042. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-80422014000200017&nrm=iso >.

8. Motta LCS, Vidal SV, Gomes AP, Lopes TCC, Rennó L, Miyadahira R, Siqueira-Batista R. Searching for ethos in family health strategy: a bioethical investigation. Revista Bioética 2015. 23: 360-372. ISSN 1983-8042. Disponível em: <https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-80422015000200360&lng=en&tlng=en>.

9. Motta LCS. O Cuidado no Espaço-Tempo do Oikos: Sobre a Bioética e a Estratégia Saúde da Família. 2012c. UFRJ / Instituto de Estudos em Saúde Coletiva. Mestrado [Dissertação] - Programa de Pós Graduação em Bioética, Ética Aplicada e Saúde Coletiva, Rio de Janeiro.

10. Ferreira RC, Silva RF, Zanolli MB, Varga CRR. Relações éticas na Atenção Básica em Saúde: a vivência dos estudantes de medicina. Ciência & Saúde Coletiva. 2009; 14:1533-1540. ISSN 1413-8123. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-

81232009000800027&nrm=iso >.

11. Loch JA, Clotet J, Goldim JR. Privacidade e confidencialidade na assistência à saúde do adolescente: percepções e comportamentos de um grupo de 711 universitários. Revista da Associação Médica Brasileira. 2007; 53:240-246. ISSN 0104-4230. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302007000300022&nrm=iso >.

12. Loch JA. Confidencialidade: natureza, características e limitações no contexto da relação clínica. Revista Bioética. 2009; 11(1). Disponível em: <http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/149/153 >.

13. Faden RR, Beauchamp TL. A history and theory of informed consent. New York: Oxford University Press. 1986. ISSN 0-19-503686-7.

14. Gomes AP, Gonçalves LL, Souza CR, Siquyeira-Batista R. Family Health Strategy and Bioethics: focus group discussions on work and training. Revista Bioética 2016; 24: 488-494. Disponível em: <https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-80422016000300488&lng=pt&nrm=iso&tlng=en>.

15. IBGE. Instituto Brasileiro de Geografia e Estatística. Acessado em 01 de junho de 2014. Disponível em: <http://www.cidades.ibge.gov.br/xtras/perfil.php?lang=&codmun=317130&search=minas-gerais|vicosa|infograficos:-informacoes-completas, 2010>.

16. Minayo MCS. Violência social sob a perspectiva da saúde pública. Cadernos de Saúde Pública. 1994; 10:S7-S18. ISSN 0102-311X. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X1994000500002&nrm=iso >.

17. Souza ER, Minayo MCS, Deslandes SF, Veiga JPC. Construção dos instrumentos qualitativos e quantitativos. In: Minayo MCS. Avaliação por triangulação de métodos. Rio de Janeiro: Editora FIOCRUZ, 2005.

18. Vidal SV, Gomes AP, Maia PM, Gonçalves LL, Renó L, Motta LCS, Siqueira-Batista R. A bioética e o trabalho na Estratégia Saúde da Família: uma proposta de educação. Revista Brasileira de Educação Médica [Online]. 2014; 38: 372-380. ISSN 1981-5271. Disponível em: < http://www.educacaomedica.org.br/artigos/artigo_int.php?id_artigo=2371 >.

19. Gomes AP, Dias-Coelho UC, Cavalheiro PO, Gonçalves CAN, Roças G, Siqueira-Batista R. A Educação Médica entre mapas e âncoras: a aprendizagem significativa de David Ausubel, em busca da Arca Perdida. Revista Brasileira de Educação Médica. 2008; 32:105-111. ISSN 0100-5502. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022008000100014&nrm=iso >.

20. Mitre SM, Siqueira-Batista R, Girardi-de-Mendonça JM, Morais-Pinto NM, Meirelle CAB, Pinto-Porto C, Moreira T, Hoffmann LMA. Metodologias ativas de ensino-aprendizagem na formação profissional em saúde: debates atuais. Ciência & Saúde Coletiva. 2008; 13:2133-2144. ISSN 1413-8123. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232008000900018&nrm=iso >.

21. Bardin L. Análise de conteúdo. Lisboa: Edições 70, 1977.

22. Gomes R. A análise de dados em pesquisa qualitativa. In: Minayo MCS. Pesquisa Social: teoria, método e criatividade. 21ª ed. Petrópolis - Rio de Janeiro: Editora Vozes, 1994.

23. Beauchamp TL, Childress JF. Principles of biomedical ethics. 5th ed. New York: Oxford University Press. 2001; 454. ISSN 0-19-514331-0.

24. Rego S, Palácios M, Siqueira-Batista R. Bioética para profissionais da saúde. 1ª ed. 2ª reimp. Rio de Janeiro: Editora FIOCRUZ. 2020; 160. ISSN 9788575411827.

25. Gomes AP, Costa JRB, Junqueira TS, Arcuri MB, Siqueira-Batista R. Atenção primária à saúde e formação médica: entre episteme e práxis. Revista Brasileira de Educação Médica. 2012; 36:541-549. ISSN 0100-5502. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000600014&nrm=iso >.

26. Siqueira-Batista R, Gomes AP, Motta LCS, Rennó L, Lopes TCC, Miyadahira R, Vidal SV, Cotta RMM. (Bio)ethics and family health strategy: mapping problems. Saúde e Sociedade (USP. Impresso), v. 24, p. 113-128, 2015. ISSN 0104-1290. Disponível em: <https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902015000100113&lng=pt&tlng=pt>.

27. Gomes AP, Siqueira-Batista R, Rego S. Epistemological anarchism of Paul Karl Feyerabend and medical education. Revista Brasileira de Educação Médica. 2013; 37: 39-45. ISSN 0100-5502. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022013000100006&nrm=iso>.

Article submitted in April 2019

Article approved in October 2020

Artigo published in April 2021