

## Rendering of accounts

### PRESTANDO CONTAS

It is with great satisfaction that we speak to everyone, to account for our mandate (2011-2014) ahead of the Brazilian Medical Association (AMB), a leading and thriving entity that fights bravely for the causes of health and medicine in Brazil.

We began our management putting things in the right place, from a managerial and administrative standpoint. We organized processes, flows, responsibilities and values, after receiving the report of a consulting firm (*Ernst & Young*, hired for this purpose). Getting started was not easy because the problems included a financial deficit that hindered the implementation of several activities. We adopted the motto “only spend what you have, and the resources of the institution belong to the AMB.”

We launched, together with the Brazilian Bar Association (OAB) and the National Medicine Academy, a successful project leading to a Bill called More Health (or Health +10), aiming at improving public health funding, forcing the federal government to allocate 10% of its gross current revenue (equivalent to approximately 18% of net current revenues) to the sector. The project was successful because, jointly with many other prominent medical organizations and agencies from other sectors, such as the National Conference of Catholic Bishops of Brazil (CNBB), we managed to gather over 2.5 million signatures to pass the bill (the minimum required was about 1.4 million). The state of Minas Gerais gave a great example, getting over 700 thousand signatures, and we also emphasize the commitment of the Legislative Assembly and the Medical Association of Minas Gerais. We visited many states (Pará, Ceará, Rio Grande do Norte, Minas Gerais, Rio de Janeiro, Paraná, Santa Catarina, Rio Grande do Sul, etc.). And even with that number of signatures, the project “sleeps” in the national congress, because the “powerful hand of the government” is not interested in securing health financing. In recent years, the federal government has invested a smaller proportion of funds compared to the resources provided by states and municipalities.

We focus on an increasingly closer relationship with federated associations and specialty societies, notably for the stubborn defense of quality medical education, either at undergraduate or postgraduate level. We strengthened our title of specialist, which has quality, and we do not turn a blind eye to the political and electoral follies of quantity superseding quality. We advocate an adequate number of physicians according to our demand, distributed in different regions, states and cities in the country, based on the need of specialists according to technical and epidemiological criteria. Never training without quality. Furthermore, we preach exhaustively that health is achieved not only with doctors. Medical residency is our flag, along with the specialty societies. There is harmony among the medical societies and the struggle for quality in medical education prevails.

We sat down with everyone who came to us and is involved with health and medicine: governments, health care providers, institutions,

manufacturers, businesses, etc. Wherever there is a doctor, so will we be, know, share, help, discuss and seek ways and improvement.

We embrace the continuing medical education in a great effort to show how important it is to have qualified and up to date doctors, because knowledge changes very fast and deals with our greatest asset: health. The Guidelines Project was maintained, with new guidance, as well as updating of the existing information. We expanded our participation in discussions with the government, with the society, the press and the World Medical Association (WMA).

We closed ranks to provide quality access to our population. We want high quality medical education, with good medical schools (appropriate curriculum, faculty and physical structure), and we want to advance in clinical research, because in our country, which is the seventh largest economy in the world, we are delayed due to bureaucracy, to excessive interference and rework that cause us to be always behind the developed world, especially in phase I and II trials. The AMB joined a valuable group called *Aliança Pesquisa Clínica Brasil* to change this scenario that shames us all and slows us down: Brazil, our health professionals, and our patients, because many of them miss opportunities for treatment.

We made it possible for the population to show the reality of health in Brazil, through the [caixapretadasaude.org.br](http://caixapretadasaude.org.br) website, a very successful channel. The chaotic situation experienced by many, especially those who rely solely on public health system (SUS), is notorious. Using the portal, the population itself reports and denounces.

These are some examples of what was and has been done, recognizing that there is much more to be achieved and we need to always seek and accomplish more and better, committing ourselves and recognizing that everything is the result of a valued work of a team that composes the AMB: officers, directors, delegates, members of technical councils, commissions, AMB-federated and regional organizations, the specialty societies, our employees, and many other associates.

Much has been done, continuing the work of previous boards, and always wishing that those who come after us will do even more because we need strong institutions. We will pass, but our institutions remain and need to be stronger and stronger, so that our future is in fact auspicious. Let us not bow or weaken before difficulties and threats. When the collective is seen as a priority, each of us, individually, win. Any disputes for positions in our institutions are legitimate and should occur at the highest level. But after the election, we should all unite and embrace our causes: the causes of health.

Let us move on, because future generations await!

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