

## Concerns, on my part

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Ricardo is a thinker and an author who I praise as someone who always surprises me with his offers of thoughts. I consider him one of the most creative interlocutors in the field of collective health, especially when he walks in the interface between health and education, but also when he dares to disrespect established territories of knowledge and practices, when he leaks out of fields of practices, when he operates in a line of flight and becomings.

I would say that, because he is one of my interlocutors, he always makes me want to produce thoughts, to create new possibilities in my marks, in my thought-as-image, functioning as a device that intermediates towards a becoming thought-without-image.

I will try to bring to this text some of the concerns that his text ended up causing in me, without any pretension to exhaust them. Therefore, I will highlight some of the concerns that allow us to build an agenda for a conversation, which, I believe, will not end here; rather, it will continue in far less formal modes than that of writing in responses and rejoinders.

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Something that immediately called my attention refers to the creation of interprofessionality as an agenda for a discussion about the construction of a more effective SUS (the Brazilian National Health System), as if the various parties interested in this had problematized and stated that now we have to face this problem so that we can advance in its implementation.

I see that many forces of the health field have been playing the leading role in this agenda, especially through articulations that are made outside the arrangements we have had in the national level to face issues that have hindered the construction of SUS, as it is effectively imagined, according to the constitutional principles that institute it and the internal forces that oppose its real existence.

International agencies like the PAHO and WHO have been trying to interfere in the national agendas for a long time, bringing issues that are born in other places and carry many other types of interests. This is not something new for us.

I see something similar in this issue of interprofessionality: an agenda invented by forces of the health field with an important weight carried by international components, which try to tackle this theme as if it were something generated by the very nature of the problems we have been experiencing in the field of health and of SUS in contemporary Brazil.

However, this is not strange in our history. This leads me to see, in other moments, something similar being created, constituted as strategies to govern our actions in the Brazilian context. Such strategies try to promote, in our institutional processes, the creation of an agenda that leads us away from

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problems generated by our own processes of construction of SUS - agendas that, generally speaking, are very different from those constituted by some other countries.

That is, there are inventions of problems in the field of health for the production of governmental agendas that, in fact, do not belong to us. We are not their protagonists; on the contrary, we have constituted another set of very peculiar problems for the construction of SUS, many of which do not have equivalents outside our specific social and political process.

Many times, we experienced formulations that were offered as fundamental to our political-institutional processes and became fashionable but, afterwards, wore out in their impossibilities, as they were not good responses to the problems we constructed, in the search for new modes of producing healthcare in Brazil, having, as the central axis, that every Brazilian has the right to health and the State is responsible for fulfilling it. Here, in a country that was swimming against the neoliberal tide.

We can identify similar situations in previous periods. For example, the movement against the fragmentation of healthcare practices, produced by the excessive specialization that the professions have followed. Or the notion that curative practice in itself did not encompass the entire field of healthcare, and we should bet on the institutionalization of preventive medicine, based on the limited view of the "Natural History of Disease" and the several prevention levels.

Since Alma-Ata, we have seen growing bets on primary care, as if, almost exclusively, it contained a definitive solution to problems related to the way of organizing health practices and of framing them as effective actions with impacts on health situations.

Now, at this moment, other fashions are trying to install themselves; they are even becoming jargon in the language of the very field of collective health. Today, talking about innovation and interprofessionality means being apt to find the solution for some of our real problems in the construction and implementation of our bets in the field of health. Likewise, for some years now, another fashion has been insistently proposed: the construction of Family Medicine and its correlates as the central strategy to change the poorly effective modes of healthcare that have been practiced.

Therefore, it seems that, if we invest in these new fields of action, we will enable the creation of solutions that the other bets did not allow or, at least, this will help us find solutions to the low potency of the previous ones.

I see that the Brazilian experience has been much more creative than what the international agendas have been proposing in terms of production of modes of acting in the field of health. The offers we have received are loaded with paradigms that have already been well questioned and analyzed around here. I would say they have even been overridden in the field of broader thoughts, like the ones invented in the field of the Brazilian collective health, which has been producing, in a creative and original way, new views and theories for the field of health, in light of the challenge that had, as a fundamental part, the movement that generated the struggle for the Brazilian healthcare reform.

Ricardo's text does not address this conversation. It does not contextualize the construction of the offer of interprofessionality and the several forces that may be crossing this process. I would like to see, in his response, a conversation about the creation of fashions that are imported from other countries.

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Another instigation is related to the fact that his path in the text does not value a sufficient dialog with creations that have already been made around here concerning some central issues he approaches and to which he intends to contribute.

I felt that the text lacks an open conversation with the theme of live work in act, not because of my relation of authorship, but due to the problematization field, and also with the inventions and creations in encounters-events, which populate the world of healthcare.

I go beyond in these issues, for I see that betting on the shift of the very instituted field as a way of acting in health means being able to bring to the scene the immanence that exists in the field of the micropolitics of the live work in act through operation in the technological territory, within the inscription of the soft relational technologies, which carry, in their constitution, elements that can open themselves in a flight from the very field of health and its technological attachments. In other words, there is the need of talking to the technological actions that inscribe themselves as non-technological-becomings in the production of ways of living, in inventivities, in creations of new meanings even to suffering, in the so-called "gray point", described in his text.

I do not perceive, in the appeal to the argument about the artist, something that contributes to this, as health actions create a field of battle that has many distinct characteristics, in spite of some similarities in the strength that institutes the necessary encounter for the production of care.

I was very much in doubt about a possible construction of a soaking of health actions in such a direct way that the interprofessional becomes a "gray point". To me, this presupposes being unattached to the contextualization forces that allow considering the health action as substantive, an impossible act unless it departs from a position in the immanence of the constitution of the action itself - a position that does not inscribe itself in the construction of professions as machines-of-state, which they effectively are.

It seemed to me, in Ricardo's bet, that it is possible to invade this instituted territory of professions from the outside, as a modifying force, through a certain imposition of a sovereign exercise over this field of action – the professional field. However, I consider that, essentially, this possibility occurs in the micropolitical action installed in the world of care, a place that the professions attempt to take as their domain, with the intention of killing the clandestine force of the live work in act, in the encounters, constructed, above all, by workers and not by artists. Artists can be unattached to certain machineries, but, in the case of health actions, this is an impossibility. It is not possible to create by coming from the outside.

Above all, the health worker, as a professional, is not an artist like Paul Klee. S/he can even be an artist in the sense that we are all artists because we are inserted in the production of our own lives as a work of art, as Foucault would argue, but it is only in this dimension.

Unlike the artist Klee, the health worker, as a professional, is an instituted being that can, based on her/himself, create, in the encounter with the others, new territories of existences that may even not belong to the field of health anymore. But health workers are not able, when they preserve this field as something imperative for themselves, to create themselves as if they did not belong to this place, including that of the profession, which has very well-defined forces for its constitution as a field of knowledge and practices, and machine-of-state.

Ricardo's bet confused me, resulting in this concern. He tries to convey a certain notion that the movements of modifications, to invent something new, lie more in the level of certain individualities than in the field of the collective intermediations of enunciation and production of desire. A field of devices that are neither from the world of reason nor instruments operating in the world of certain wants, as if someone's awareness-raising, based on a cognitive production, can effectively institute something that deterritorializes their own action, already delimited. Only the presence of the other<sup>1</sup> in the micropolitical intensivities inscribed there can open a line of flight in what is already instituted as a well-defined field of action in health. I may not have understood the author's formulation about this, but I see a very relevant importance, in his proposal, of the category of the individual and their wills of doing differently. I would like to know more about it.

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In spite of these issues, the strength of some passages remains, even though it still makes an alliance with conscience, such as: "This is an essential place for permanent education in the area of health due to a connection with the rhythm of work and to the non-segregation between the space of education and the space of work. However, low familiarity with this potency hinders its appropriation in the daily routine of the practices."

"'Form is the end, death. Education is life'. Education is movement, action. The artist says 'do not think of *form* but of *formation*: the *form-giving* forces are more important than the *final forms*'. This is the ethical condition for permanent education in health and, I propose, for interprofessional education."

## Reference

1. Foucault M. A hermenêutica do sujeito. 2a. ed. São Paulo: Martins Fontes; 2006.

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