

Access to pulmonary rehabilitation programs within the public healthcare service

O acesso aos Programas de Reabilitação Pulmonar na rede pública de saúde

Dear Editor,

I congratulate the authors for providing the “Clinical Practice Guidelines: physical therapy practice among patients with chronic obstructive pulmonary disease (COPD)”¹. These guidelines, together with other national and international studies, have successfully shown, with strong evidence, the role of physical therapists in this growing public health problem. However, routine access to such programs has not yet been achieved.

In order to benefit from the results of pulmonary rehabilitation programs (PRPs), patients have to go to a rehabilitation center. This means personal and even family scheduling and weekly or monthly expenses relating to transportation, especially if the program is provided in another city. The difficulties can be worsened if the subject is dependent on oxygen, given that the cylinders are heavy and do not last long.

The Brazilian Constitution³ proposes universal and equal access to health actions and services, including rehabilitation, which should be comprehensive, universal and equitable. These principles are a challenge for care practice. The history of the process of healthcare organization demonstrates the difficulties found in PRP functioning, through the verticalization that divides and complicates the solutions for problems, and through flaws in work organization within healthcare services, including physical therapy, starting from epidemiology⁴.

The study by Griffiths et al.⁵ shows that PRPs have a good cost-effectiveness relationship, which can result in financial benefits for the public healthcare system, such as reductions in the numbers of hospitalization days, visits to emergency units, and need for medication. In this manner, PRPs for users of the public healthcare system can be justified as a measure that may result, in the long run, in decreased expenditure on COPD patients.

The process of developing a PRP within the public health system is still a challenge for physical therapists and for the system itself. It is essential to draw up strategies to increase patients' access to these programs, in order to consolidate the proposal. In conclusion, studies on the incorporation of PRPs within the public healthcare system need to be conducted, and physical therapists should have the responsibilities of broadening their fields of work, raising managers' awareness and demonstrating the need to apply other practices in the public system to better suit users⁶.

Sincerely,
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References

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Access to pulmonary rehabilitation programs within the public healthcare service (reply by the authors)

○ acesso aos Programas de Reabilitação Pulmonar na rede pública de saúde (réplica dos autores)

In the letter to the editor “Access to pulmonary rehabilitation programs within the public healthcare service” (referring to the article “*Clinical Practice Guideline: physical therapy practice among patients with COPD*”, *Brazilian Journal of Physical Therapy v. 13, n. 3, p. 183-204, May/June 2009*), the points raised by the authors are relevant to the subject and deserve special attention in Brazil. Indeed, there are difficulties relating to patients’ access to such programs, as pointed out by the authors of the letter (problems regarding transportation and oxygen therapy availability, for instance). There are several other difficulties, and they are all part of the daily routine of patients who require pulmonary rehabilitation. They need to be given due consideration and overcome, in order to ensure access to this beneficial rehabilitation. This is the reality of the situation in Brazil, and we need to improve it in the most conscientious manner possible. This means seeking the best available evidence regarding the benefits of such rehabilitation. Even if it seems difficult to apply this evidence at this moment, we need to seek to disseminate the evidence, so that it is protected and implemented.

As mentioned by the authors, we agree that despite solid evidence that PRPs have good cost-effectiveness relationship, the organizational characteristics of Brazilian public and private healthcare services hamper the ideal implementation of this type of program. In other words, it is clear that the struggle to provide the best rehabilitation program possible is not only a scientific battle, but also a political battle, in terms of raising awareness and conviction.

The implementation of quality PRPs is undoubtedly a challenge, as pointed out by the authors of the letter. It is up to us, physical therapists, who would be responsible for what is considered to be the main part of the program (physical training), to accept this challenge. By working responsibly, in a well-grounded and thorough manner, not only can we make managers more aware, but also we can engage other healthcare professionals within the process of the rehabilitation program. This way, we can achieve implementation of such programs in this country and offer a quality service to patients with chronic lung diseases, who should always be the main beneficiaries of PRPs.

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