

## Reflecting about the medication prescription issue

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Brazilian Nursing in the last thirty years reached great intensive developments in the fields of Public and Collective Health. In Collective Health nurse in her work process is becoming autonomous in the use of proper tools for epidemiology and planning, in addition she is using theory and common practices of Human Social Sciences. Hence, all her practices are transcending the biologicist and flexerian models to a model connected with subject, family and community social and sanitarian needs, in a vision of health with quality of life, in a perspective of space concept whose center is holistic, humanized, equanimous, and citizenship-targeted care.

Yet in this period, with and by the influence of Collective Health, nurse actively participated in the process of Brazilian Sanitarian Reform and in the construction of the National Health System (NHS), in the social movements of popular participation, and also is collaborating in public health policies for different levels of attention and sectors of regulation of NHS.

In Public Health, nurse's praxis is being constructed based on disease prevention actions, education, health promotion and protection, rehabilitation and also in the treatment of diseases. The work of the Foundation of Public Health Special Services and of Public Health Programs, Program of Health Actions, Program of Countryside Health Actions and Sanitation in the 1970's had focused the control of endemic diseases. In the 1980's the Integrated Health Actions and the National Decentralized Health System, in mothership assistance, in pre-birth attention, gynecological and breast cancer prevention programs, in child care, and adolescence programs and also in multi-varied programs for chronic and infectious diseases such as Hansen, High Blood Pressure, Diabetes, Respiratory Infections, Sexually Transmitted Diseases among others.

With the regulation of the NHS in the early 1990's and the decentralization of policies, programs, services and health actions for states and cities which resulted in the creation of programs such as the Comunitary Health Agents (1991) and with Family Health Program (1994), nurse now become a member of an interdisciplinary health team, assisting prior families and community instead subjects only. In a comunitary and therapeutic perspective nurse is faced with several practices, specially medication prescription and complementary exam requests during nursing consultation.

Regarding the practice of medication prescription, nursing is covered by the legislation of Nursing Professional Law that assures to nurses as member of the health team the "prescription of medication according to as established for Public Health Programs and also in approved routine of health institutions". Such practices, in face of population health needs, are becoming increasingly necessary to the consolidation of the NHS and, consequently to the effectuation of equality and integrality.

As much that, the Health Ministry, after triparty negotiation, Union, States and Cities, is authenticating through normatization in assistential policies and guidelines, not only medication prescription as approved by professional legislation, in health programs and in the Family Health Strategy, but also the request for complementary exams as established by the Health Ministry.

The National Policy for Basic Attention also assures the same premises to nurses that are working in cities where the Family Health Program do not exist. However, those premises are disturbing the medical community and driving the issue to the seek of legal sanctions.

The Brazilian Nursing Association with the support of Brazilian Nursing, of the National Council of Municipal Health Secretaries and also of the Health Ministry, is emanating efforts to revert such rudimentary practice of corporative competition.

Nursing, in all its history, always had as a reference to assist subjects, families and communities, seeking for a more effective and resolute sanitarianism, and an equanimous quality of life, the attention and the integral citizenship, defending the population right to health, and not making health a merchandise or a salary.