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RESEARCH ARTICLE

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## PUBLIC POLICIES AND RIGHTS OF THE USERS OF BRAZILIAN PUBLIC HEALTH SYSTEM WITH DIABETES MELLITUS (DM)

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### ABSTRACT

Este trabalho teve como objetivo revisar os conhecimentos sobre os direitos dos usuários diabéticos no âmbito do Sistema Único de Saúde (SUS) no Brasil, trazendo subsídios para conhecimento dos profissionais de saúde e incentivando a divulgação e orientação sobre os direitos destes. Trata-se de estudo narrativo de revisão bibliográfica baseado na legislação e em artigos científicos. Verificaram-se que os direitos dos pacientes com diabetes estão previstos em lei e representados em vários programas do SUS sob diversas frentes, como: acompanhamento multiprofissional, fornecimento de medicamentos e insumos, cirurgia metabólica, assistência domiciliar e escolar. Entretanto, a realidade é muito diferente quando se trata da vida real do cotidiano enfrentado tanto pelos pacientes e pelos profissionais que lidam diretamente com este problema. A irregularidade de acesso aos medicamentos, a indisponibilidade de fármacos modernos, a falta de divulgação de informações sobre os direitos dos pacientes, a demanda por consultas, a falta de recursos humanos e a pouca integração entre os profissionais e gestores são algumas falhas apontadas; muitas vezes graves. Dessa forma, tal situação propicia um contexto em que a prevenção, o controle e a educação, acerca da patologia, são profundamente negligenciadas. Ademais, na perspectiva de gastos públicos, a consequência é um aumento considerável do custo com internações pelas complicações da doença, crônicas e agudas, aposentadorias precoces e faltas ao trabalho e outras intercorrências outras diversas.

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### INTRODUCTION

Diabetes mellitus (DM) is a chronic and epidemic disease, whose worsening and complications are harmful to the individual and the family from different perspectives, including the financial aspect (Dima, 2013). Likewise, the lack of metabolic control generates serious conditions that also increase costs for the health system (National Supplementary Health Agency, 2019). It is a consense among the health professionals that the first and best measure to be taken is the prevention of the disease, in addition to avoid the worsening of this condition when the disease is already

installed, minimizing the expenses with treatments and complications that usually accompany the time of the disease, which are directly related to poor control of the disease (Zanetti *et al.*, 2008). The Brazilian Federal Constitution ensures that "Health is a right for all and a duty of the State" (Bastos & Ferreira, 2019). In this context, it appears that assistance to individuals must be ensured by Brazilian legislation, aiming at the prevention and treatment of the disease and its problems (Bastos & Ferreira, 2019). Some of the public policies available by the Brazilian Public Health System aim to meet the rights of diabetic users (Silva *et al.*,

2018). The main programs that serve them are: “Programa Mais Saúde: Direito de Todos”; o “Programa de Hipertensão e Diabetes (Hiperdia)”, a “Farmácia Popular”, “Atenção Domiciliar (AD)”, “Melhor em Casa”, “Saúde na Escola (SE)” e “Ouvidoria Pública”, among others (Vieira *et al.*, 2016; Ministério da Saúde, 2012). The current conjecture of the state declares that the financial resources are directed in order to meet the demands of society, however, it has not been the reality of recent years, either due to the lack of information from this population or due to the fragility of the health system. Therefore, the rule has suffered significantly (Leitão *et al.*, 2014). The increase in the life expectancy of the population, the diagnosis in younger age groups and the complications of diabetes are in increasing prevalence and, consequently, increasingly demanding investments and support from really effective Health Policies (Ético *et al.*, 2010). In this scenario, another important determinant arises, which favors the appearance of complications and increased comorbidities: the lack or inadequacy of support for the treatment of diabetes, favored by the non-inclusion of more modern drugs and supplies, scientifically already proven with actions beyond glycemic control, decreasing cardiovascular risk and kidney complications as well, the main cause of death in this population (Guidoni *et al.*, 2009). Several public initiative bills that comply with all regulations pre-established by the Federal Constitution, based on improving medical care, promoting multidisciplinary consultations and with greater regularity, in addition to providing more modern medicines, are not even voted on (Santos *et al.*, 2011).

Thus, this work aimed to review the current knowledge regarding the rights and benefits of diabetic users made available by Public Health System in the light of the current legislation, to encourage the importance of greater dissemination among health professionals and to provide guidance on the rights provided to users. diabetics. In addition, it warns about the need for the insertion of new generation insulins and more modern antidiabetics, which bring benefits far beyond glycemic control itself, such as significant improvement in cardiovascular events, nephroprotection, weight loss and decreased death by several causes, for the list of inputs made available by Brazilian Public Health System. These measures not only have the potential to improve the quality of life of patients due to the lower number of complications, but also lead to a reduction in expenses with hospitalizations and comorbidities that accompany them throughout their years with the disease. When it comes to collective health and spending reduction, an intelligent strategy also with a view to long-term savings, emphasizing the path of prevention as much more interesting also from an economic point of view. Recently, considered an important milestone in this scenario, dapagliflozin, belonging to the class of sodium-glucose cotransporter inhibitors, through public consultancy, had its approval for the use of Brazilian Public Health System, a law that was sanctioned, but not yet published and, therefore, not enacted.

## MATERIALS AND METHODS

Descriptive study of narrative review on the current legislation about Public Health Policies in Brazil related to diabetes and the new medications available for therapy and prevention of complications, not yet officially made available by Brazilian Public Health System (except in very specific judicial cases), discussing the impact of this for the patient

itself, quality of life and burden on the current health system (SUS). The articles were searched in four LILACS (Latin American and Caribbean Literature in Health Sciences) databases, PsycInfo, PubMed and SciELO, between 2007 and 2020, using the descriptors: Diabetes mellitus; Políticas Públicas, Sistema Único de Saúde, Direitos dos Pacientes, Novas Medicções para Tratamento do Diabetes in English, Portuguese and Spanish, being chosen those that were available in full and that fulfilled the criteria of the objectives of the work, aimed at political approaches in Brazil. In addition to the articles cited, recourse to laws and decrees already in force and which preceded the time stipulated in the search for articles. It is reinforced here that the authors did not actively search for publications or legal documents, reinforcing only the general situation of the problem, without detailing the current legislation.

## RESULTS

Individuals with diabetes need systematic medical monitoring and may need pharmacological treatments such as use of insulin and oral or injectable antidiabetics (Sociedade Brasileira de Diabetes, 2020; Manna *et al.*, 2019). In addition, they must adopt a healthy lifestyle (physical exercise, balanced diet, alcohol and tobacco restriction) and be aware of the disease and its consequences, with adherence to the indicated treatment (American Diabetes Association, 2019). In the context of type 2 diabetes, constantly other diseases such as arterial hypertension and dyslipidemia are also present, which contributes to increased cardiovascular risk, in addition to other complications such as kidney disease, retinopathy and hyperuricemia, among others (Sociedade Brasileira de Diabetes, 2014). The dependence on family members and health services are aggravated by the lack of knowledge about the rights of patients with diabetes, and assisting professionals should provide information so that autonomy and self-care facilitate treatment and avoid complications (Agência Nacional de Saúde Suplementar, 2007; Silva *et al.*, 2018). Patients must be notified and informed about the importance of knowing their rights guaranteed by the Brazilian Public Health System, in addition to the responsibilities of each of those involved in this process, a factor of great importance especially in Brazil, where less than 25% of the population has a private health plan (National Supplementary Health Agency, 2019). In the scope of the Brazilian Public Health System there are some Public Policies related to the care of these patients, and the main programs available that meet the rights of diabetic patients are briefly described below (Ministério da Saúde, 2014). It is noteworthy that there are others, but that have not been put into practice or are of a regional character, therefore, without relevance in the general context of this article.

**Programa Mais Saúde:**proposes the articulation of public policies with the health sector in order to implement 73 measures to reach 165 goals (Dima, 2013). Among the intended results are the articulation of the Brazilian Health Reform to promote equity in health care with quality, including access to medicines used by diabetics and other forms of prevention and treatment (Ministério da Saúde, 2002; Ministério da Saúde, 2010).

**Programa de Hipertensão e Diabetes (Hiperdia):** registration and monitoring system for hypertensive and diabetic patients in the Brazilian Public Health System

outpatient network, where data are inserted in the Brazilian Public Health System card, allowing the epidemiological survey of these diseases in the population (Feitosa & Pimentel, 2016; Serpa *et al.*, 2018). It is normally linked to a Family Health Team (FHS) and the Basic Health Unit (UBS) for systematic and multidisciplinary monitoring of these, favoring the construction of bonds and more effective assistance, with guidelines and incentives for self-care (Feitosa & Pimentel, 2016; Serpa *et al.*, 2018).

**Lei Orgânica da Saúde** (1990) ensures, in accordance with the principle of integrality, therapeutic and pharmaceutical assistance to all Brazilians (Law 8,080 of September 19, 1990, 1990; Guidoni *et al.*, 2009).

**Programa Farmácia Popular do Brasil (FPB)**, created in 2004, in partnership with private companies, reduced drug prices by up to 90% and expanded access to the drugs most used by the Brazilian population (Almeida *et al.*, 2018; Manna *et al.*, 2019). The guarantee of free access to medicines and supplies necessary for the treatment of diabetics and hypertensive patients was determined, later, in 2006, by Law 11.347 / 06, which came into force in 2007 (Law 11.347 of September 27, 2006, 2005). In the same year, Ordinance 2,583 / 07 listed the drugs and supplies available by the Brazilian Public Health System to diabetic patients. Thus, users are entitled to some oral medications, in addition to NPH and Regular insulins, as well as the glucometer and test strips to monitor capillary blood glucose (Brant & Teles, 2007; Santos *et al.*, 2011).

## Conclusion

The rights of diabetic users are provided by law and represented in several SUS health programs, such as multiprofessional follow-up, supply of medicines and supplies, metabolic surgery, home and school assistance (Ético *et al.*, 2010). Even so, the assistance presents great gaps, shortcomings and contradictions in several aspects, such as irregular access to medicines and the unavailability of more modern drugs, for example, long-term analog insulins, analogous to the Glucagon Like Peptide type 1 (GLP-1) and type 2 sodium and glucose cotransporter inhibitors (iSGLT-2). Therefore, it is extremely important to disseminate information about patients' rights and better integration between professionals and managers in order to establish coherence between the rights guaranteed and the resources truly offered (Dima, 2013). The approval of dapagliflozin, an iSGLT-2, for distribution by the Brazilian Public Health System is considered a triumph, but details on distribution criteria are lacking, whether universal or through specific protocols, in addition to the promulgation itself not yet carried out. This class of drugs has been shown to be associated with improvement in congestive heart failure and nephroprotection, and is therefore not prescribed only for people with glycemic alterations.

Regarding the class of GLP-1 analogues, with effects that go beyond glycemic control, such as cardiovascular protection, weight loss and probable action in hepatic steatosis, there is no prediction of their incorporation in the list of drugs distributed by the Brazilian Public Health System. Here, we call for sensitivity, goodwill and even a management strategy, which would benefit everyone in the long run, remembering that diabetes is a chronic inflammatory disease,

epidemiologically growing and with great economic burden and with no psychosocial impact, not only to affected patients, but also to all those who directly or indirectly deal with this disease, especially family members

**Conflicts of Interest:** The authors have no conflicts of interest

## REFERENCES

- Agência Nacional de Saúde Suplementar. (2007). Manual técnico para promoção da saúde e prevenção de riscos e doenças na saúde suplementar. In *Manual Técnico* (p. 168).
- Agência Nacional de Saúde Suplementar. (2019). *Plano de Dados Abertos 2018-2019* (pp. 1–84).
- Almeida, A. T. C. De, Batista De Sá, E., Vieira, F. S., & Benevides, R. P. de S. e. (2018). Impacto do Programa Farmácia Popular do Brasil sobre a saúde de pacientes crônicos. *Revista de Saúde Pública*, 53(20), 1–11. <https://doi.org/10.11606/S1518-8787.2019053000733>
- American Diabetes Association. (2019). Standards of medical care in diabetes - 2019. In *The journal of clinical and applied reserach and education*.
- Bastos, S. P., & Ferreira, A. P. (2019). A judicialização da saúde: uma atuação da magistratura na sinalização da necessidade de desenvolvimento e de implementação de políticas públicas na área da saúde. *Saúde Em Debate*, 43(spe4), 48–60. <https://doi.org/10.1590/0103-11042019s405>
- Brant, E. G., & Teles, F. (2007). *Direitos dos Usuários dos Serviços e das Ações de Saúde no Brasil*. 1(1), 494.
- Dima, R. I. (2013). *Reflexos dos Cuidados da Diabetes Mellitus nas Relações Familiares: Impactos, Limites e Estratégias*. 11(2), 1–31. <https://www.maxwell.vrac.puc-rio.br/26878/26878.PDFXXvmi=SBAO84vvRAFU2n4JERicxuMhxmgcuknoVZd44KBVkgQmEU7jNpvLVj3UHk7cFuBCuPHzAiuUAmifiqz6R6RNqUI8gPkVlWzQNgpnzVjaiCpC40IV7AJxvrGNi2KE0jvNAWbaSukc8LOcMx9T9SsG19tEceiczP09MckFIGSRs15fgeap7D6tMB80Qrcphdz4qTK9AE>
- Ético, Levinas, H. J. E. E., Backes, J. C., Statement, P., Garrafa, V., Cohen, E., Kuo, D. Z., Agrawal, R., Berry, J. G., Bhagat, S. K. M., Simon, T. D., Srivastava, R., Toussaint, M., Reychler, G., Rodriguez Gonzalez-Moro, J. M., Andrade Vivero, G., De Miguel Díez, J., López Martín, S., Sánchez, C., ... Pacheco, W. N. S. (2010). O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da saúde da família. In *The Brazilian journal of infectious diseases : an official publication of the Brazilian Society of Infectious Diseases* (Vol. 127, Issue 4). <https://doi.org/10.1590/S1413-81232010000600019>
- Feitosa, I. de O., & Pimentel, A. (2016). HIPERDIA: Práticas de cuidado em uma unidade de saúde de Belém, Pará. *Rev. Nufen: Phenom. Interd.*, 8(1), 13–30. <http://pepsic.bvsalud.org/pdf/rnufen/v8n1/a03.pdf>
- Guidoni, C. M., Olivera, C. M. X., De Freitas, O., & Pereira, L. R. L. (2009). Assistência ao diabetes no Sistema Único de Saúde: Análise do modelo atual. *Brazilian Journal of Pharmaceutical Sciences*, 45(1), 37–48. <https://doi.org/10.1590/S1984-82502009000100005>
- Lei nº 11.347 de 27 de setembro de 2006. (2005). *Dispõe sobre a distribuição gratuita de medicamentos e materiais necessários à sua aplicação e à monitoração*

- da glicemia capilar aos portadores de diabetes inscritos em programas de educação para diabéticos.
- Lei nº 8.080 de 19 de setembro de 1990. (1990). *Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. In Diário Oficial da União* (pp. 1–13). <http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:LEI+Nº+8.080,+DE+19+DE+SETEMBRO+DE+1990#1>
- Leitão, L. C. A., Simões, M. O. da S., Simões, A. E. O., Alves, B. C., Barbosa, I. C., & Pinto, M. E. B. (2014). The judicialisation of health as a means of ensuring access to medicines. *Revista de Salud Publica*, 16(3), 360–370. <https://doi.org/10.15446/rsap.v16n3.33795>
- Manna, D., Augusto, S., Elizabeth, M., Gomes, C., F, J. A., Maria, V., & Saboya, V. R. R. B. (2019). *Protocolo Clínico e Diretrizes Terapêuticas Diabetes Mellitus Tipo 1*. 1–29.
- Ministério da Saúde. (2002). Plano de reorganização da atenção à hipertensão arterial e ao diabetes mellitus: manual de hipertensão arterial e diabetes mellitus. In *Diabetes* (pp. 1–104).
- Ministério da Saúde. (2010). Mais Saúde: Direito de Todos: 2008–2011. In *Governo brasileiro* (p. 139).
- Ministério da Saúde. (2012). Caderno de Atenção Domiciliar. In *Melhor em Casa - Caderno de Atenção Domiciliar* (Vol. 1, p. 15).
- Ministério da Saúde. (2014). *Estratégias para o cuidado da pessoa com doença crônica – Caderno de Atenção Básica, nº 35* (p. 162).
- Santos, E. C. B. dos, Teixeira, C. R. de S., Zanetti, M. L., & Santos, M. A. dos. (2011). A efetivação dos direitos dos usuários de saúde com diabetes mellitus: co-responsabilidades entre poder público, profissionais de saúde e usuários. *Texto & Contexto - Enfermagem*, 20(3), 461–470. <https://doi.org/10.1590/s0104-07072011000300006>
- Serpa, E. A., Lima, A. C. D. de, & Silva, Â. C. D. da. (2018). Terapia Ocupacional E Grupo Hiperdia. *Cadernos Brasileiros de Terapia Ocupacional*, 26(3), 680–691. <https://doi.org/10.4322/2526-8910.ctore0784>
- Silva, J. A. da, Amorim, K. P. C., Valença, C. N., & Souza, E. C. F. de. (2018). Experiências, necessidades e expectativas de pessoas com diabetes mellitus. *Revista Bioética*, 26(1), 95–101. <https://doi.org/10.1590/1983-80422018261230>
- Sociedade Brasileira de Diabetes. (2014). Medicamentos orais no tratamento do diabetes mellitus: como selecioná-los de acordo com as características clínicas dos pacientes. *Diretrizes Da Sociedade Brasileira Diabetes, Quadro 1*, 48–56. <http://www.diabetes.org.br/profissionais/images/pdf/diabetes-tipo-2/006-Diretrizes-SBD-Medicamentos-Orais-pg48.pdf>
- Sociedade Brasileira de Diabetes. (2020). Diretrizes 2019-2020. In *Diabetes Mellitus Tipo 1 e Tipo2* (Vol. 5, Issue 3, pp. 709–717).
- Vieira, L. S., Saporetti, G. M., & Belisário, S. A. (2016). Programa saúde na escola: marcos jurídicos e institucionais. *RevMed Minas Gerais*, 26(Supl 8), 381–387.
- Zanetti, M. L., Biagg, M. V., Santos, M. A. dos, Péres, D. S., & Teixeira, C. R. de S. (2008). O cuidado à pessoa diabética e as repercussões na família. *Revista Brasileira de Enfermagem*, 61(2), 186–192. <https://doi.org/10.1590/s0034-71672008000200007>

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