Ethics and management in public health, a critical analysis

Ética e gestão na saúde pública, uma análise crítica

Ética y gestión de la salud pública, un análisis crítico

RESUMO
A Gestão Pública em Saúde emerge como uma ação política terminante para garantir a qualidade dos serviços e a eficiente alocação de recursos. Nesse sentido, a gestão em saúde não apenas organiza e administra os sistemas de saúde, mas também reflete valores éticos e morais que buscam o bem-estar coletivo e a justiça social, constituindo-se como uma expressão concreta da responsabilidade política para com a sociedade. No cenário da área da Saúde Pública, a ética surge como um pilar fundamental, para contribuir com a gestão em saúde que não atenda apenas às demandas individuais, mas, sobretudo, beneficie o coletivo, traçando um caminho mais humanizado e equitativo dentro da perspectiva da Saúde Coletiva
DESCRITORES: Gestão em Saúde; Saúde Pública; Ética; Equidade.

ABSTRACT
Public Health Management emerges as a decisive political action to guarantee the quality of services and the efficient allocation of resources. In this sense, health management not only organizes and manages health systems, but it also reflects ethical and moral values that seek collective well-being and social justice, constituting a concrete expression of political responsibility towards society. In the Public Health area, ethics emerges as a fundamental pillar, to contribute to health management that does not only meet individual demands, but, above all, benefits the collective, tracing a more humanized and equitable path within the perspective of Public Health.
DESCRIPTORS: Health Management; Public health; Ethic; Equity.

RESUMEN
La Gestión de la Salud Pública ha surgido como una acción política clave para garantizar la calidad de los servicios y la asignación eficiente de los recursos. En este sentido, la gestión sanitaria no sólo organiza y administra los sistemas de salud, sino que también refleja valores éticos y morales que buscan el bienestar colectivo y la justicia social, constituyendo una expresión concreta de responsabilidad política hacia la sociedad. En el campo de la Salud Pública, la ética surge como un pilar fundamental para contribuir a una gestión sanitaria que no sólo atienda a las demandas individuales, sino que sobre todo beneficie a la colectividad, trazando un camino más humanizado y equitativo dentro de la perspectiva de la Salud Colectiva.
DESCRIPTORES: Gestión de Salud; Salud Pública; Ética; Equidad.

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INTRODUCTION

Health management is a political action in health practices linked to the exercise of governing. Which may introduce rules and procedures that appear to limit individual autonomy, but this may be necessary to ensure the quality of services, patient safety, quality of care and efficient allocation of resources. [1,2] Health governance can also be a tool to standardize practices and promote the adoption of evidence-based guidelines, which can be beneficial for the quality of care and organization of health management. It comprises a set of activities aimed at the administration, organization and planning of these services, ranging from the allocation of resources to the implementation of health policies.[3]

Belatedly, from 1990 onwards, Brazil began regulating the laws approved in 1988, with the promulgation of the Federal Constitution (CF). The New Public Management (NGP - Nova Gestão Pública) redefined the functions of the State in relation to Public Health Management (GPS - Gestão Pública em Saúde), so that it was minimal and strategic, as the NGP was committed to increasing the governance of the State, in order to prevail the its administrative capacity to govern effectively and efficiently, transferring a significant fraction of the execution of services to the population to the private sector. [4] The challenges faced by public health management are diverse and complex, including in the dimension of practical ethics. From issues related to insufficient financing to the scarcity of qualified human resources, health managers face constant dilemmas in the quest to guarantee universal and equitable access to health services. Furthermore, effective management of health services requires the implementation of appropriate management models, which enable the optimization of available resources and continuous improvement in the quality of care provided to the population. [1,3,5]

The SUS faces challenges inherent to the current management model, which fails to implement the SUS's assumptions in an equitable and ethical manner. [4,6] The SUS faces problems that are considered chronic in the management sector, namely, lack of resources, incapacitated managers and deficient infrastructure, regional inequalities. 1 This context presents a paradigm that is alien to ethical principles by overvaluing the aspect of governance and not balancing it with a practice guided by ethics. [6,7]

Ethics plays a fundamental role in public health management, as it involves moral issues and values that guide the decisions of managers and health professionals in the planning, implementation and evaluation of health policies and programs. [6] Public health management requires an ethical approach that considers not only individual interests, but also collective well-being and social justice. [7]

In a context of limited resources and growing demands for health services, managers face constant ethical dilemmas related to resource allocation, prioritization of services and equity in access to health. Difficult decisions must be made taking into account ethical principles such as justice, beneficence, non-maleficence and autonomy, always seeking the greatest benefit for the greatest number of people. [8]

More than three decades have passed since the creation of the SUS and, looking at the past with a focus on the

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present, we can observe old management problems that continue to be characterized as current. This causes negative gaps in all sectors, often irreparable, because they are treated as banal by managers, triggering delays in the micro and macro spheres of the public health system. Not avoiding losses in relation to health professionals who are prevented from doing their best for public health. It is worth highlighting, from this perspective, that health management guided by an ethical attitude humanizes the SUS. [1,3,6,7]

This study aims to carry out a critique of public health management and ethics, with the aim of comprehensively analyzing the challenges faced and the impact on the quality of health services offered to the population.

LITERATURE ANALYSIS

Investments in public health in Brazil have plummeted in the last decade, as shown by a survey conducted by IEPS (Institute of Studies for Health Policies). The SUS, in turn, faces underfunding problems, which negatively impacts its ability to provide quality services, making management with positive results difficult. [9] Graph 1 shows the health investment profile, compared between 2013 and 2023.

Investments in the health sector suffered a drastic decline of 64.2% between 2013 and 2023, falling from R$16.8 billion to R$6 billion. Therefore, stagnation in the budget allocated to health is observed, with growth of just 2.5% in 10 years, according to IEPS and Umame. [9]

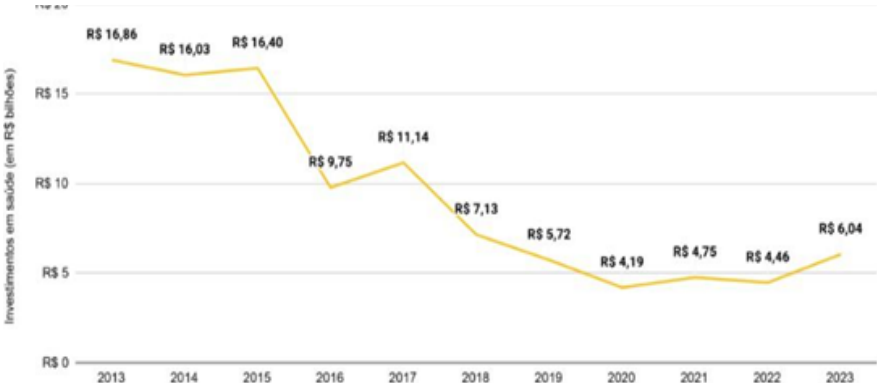
The amount allocated to health is primarily directed towards expanding the infrastructure of the Unified Health System (SUS), such as the construction of health posts. These resources should be allocated to the renovation of deactivated wings in health centers, the construction of new basic units, research centers and laboratories, with the aim of expanding the network and guaranteeing SUS coverage for Brazilians who are still underserved. 9 In view of this, the alarming and growing inequality in the country is highlighted. The Gini coefficient presents an overview of this current scenario (Graph 2).

In one decade – from 2012 to 2022 – income inequalities in Brazil, measured by the Gini Coefficient, increased, especially from 2015 onwards. What happened? The decrease in economic activity and job supply are identified as causes of this growth in social and income inequalities, contributing to the increase in vulnerability and poverty. [10-12]

In this way, social inequality in Brazil is characterized as a deeply rooted manifestation of injustice and segregation, reflecting not only economic disparities, but also cultural and social barriers that perpetuate the division between different strata of society. 12 These barriers, often seemingly invisible, are erected to maintain the privileges of some at the expense of the rights and opportunities denied to others. In this context, public spaces become stages where social hierarchies are reproduced, limiting access and popular participation. [13]

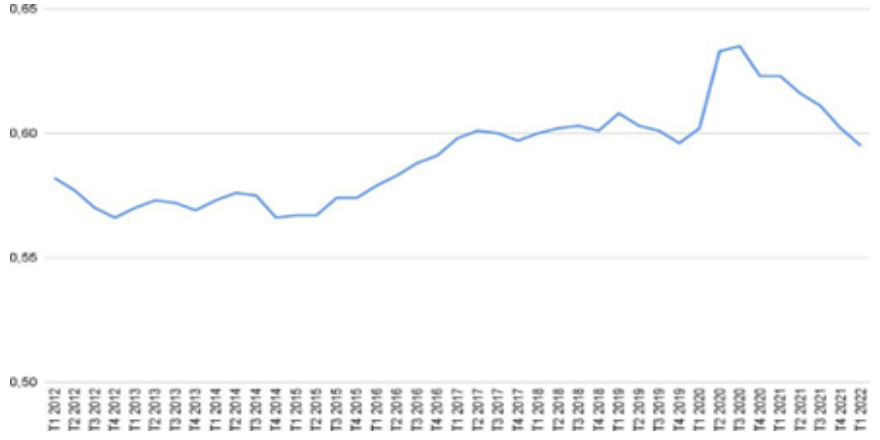
Epidemiological surveys during the pandemic highlighted and confirmed the fissures that already existed in the Brazilian social structure. 14 The most marginalized stratum of the population were the poorest, facing not only

Graph 1: Investments in Public Health



Source: IEPS with data from SIAFI, 2023. Real values adjusted for inflation. Note: Spending on Covid-19 was disregarded.

Graph 2: Gini coefficient for all Brazilian metropolitan regions (quarterly data, from 2012 to 2022)



Source: Bógus and Magalhães, 2022.

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the challenges of the health crisis, but also the devastating consequences of economic and political inequalities. 13 The informality and precariousness of health management, combined with the absence of effective public policies, exposed the limits of social protection networks, leaving millions at the mercy of poverty and exclusion. [14]

The pandemic also revealed the face of education in Brazil, especially for children belonging to the most vulnerable sections of society. 14 With the closure of schools, millions of poor children were deprived not only of the right to education, but also of adequate nutrition, often from meals served in educational institutions. These deprivations are not just a matter of access to material resources, but, above all, denial of the right to dignity and full human development. [11-14].

Faced with this gloomy panorama, it is categorical to question not only the immediate consequences of the pandemic [14], but also the social structures and management that allowed such inequalities to remain hidden. [11,12] It is time to rethink the management and types of health managers in the country. [4,6].

Faced with this desire for renewal, it is observed that social inequalities, which are intrinsically intertwined with the human condition, are transmuted to the scope of health. [15]. This dynamic is not fortuitous; rather, it is a reflection of the deep injustices that permeate social structures. Health disparities echo and amplify social disparities, becoming a mirror of the reality plaguing society. [16].

In the complex fabric of health inequalities, we find not only the deprivation of opportunities for care and treatment, but also the denial of human dignity itself. [11]. Differences in access to medical resources are not merely issues of resource distribution. They are symptoms of an unequal social system, where the value of life is arbitrarily assigned according to social position. Thus, health inequalities not only perpetuate, but also legitimize the structural injustices present in Brazil. [15].

It is worth noting that, in the whirlwind of inefficient management, health workers and popular participation can emerge as protagonists, fighting against enemies of health and the systemic failures that persist. Which often lead the SUS to the Intensive Care Unit (ICU). We hope not for a non-induced coma! [18] From behind the scenes to the front lines, healthcare workers, in general, are synonymous with hope and heroes. [11] However, Federal Governments often fail: they did not offer the necessary support and structure; low wages for some categories; and failure to provide assistance to health problems arising from the activity required by the health service provided. They are at the mercy of an uncertain fate, where vulnerabilities are exposed and courage is tested. [16-19].

> “Faced with this desire for renewal, it is observed that social inequalities, which are intrinsically intertwined with the human condition, are transmuted to the scope of health.[15]”

Inequality in the distribution of health professionals reflects and perpetuates the marginalization of portions of the population, who are deprived of adequate access to essential health services. 18-21 In this context, Figure 1 highlights the spatial distribution of doctors by region, revealing geographic disparities and the provision of healthcare.

Brazilian capitals have 54% of doctors, which is equivalent to an average of 6.21 doctors per thousand inhabitants, while in the interior of the country, this drops to 46%, with just 1.72 professionals for every thousand inhabitants. This inequality in the distribution of doctors across the country is a reflection of the lack of attractions and precarious working conditions outside large urban centers. [22] The implementation of public policies can encourage the migration of professionals to the interior and smaller cities, in addition to measures that guarantee the permanence of these doctors in these regions. [18,21].

The concentration of health professionals in large cities, at the expense of rural areas and smaller cities, is a reflection of the management format that plagues the Brazilian health system. [11-16] The absence of doctors, nurses, technicians and other specialists compromises not only the quality, but also the scope of services offered, especially in remote and economically disadvantaged regions. [22] Therefore, it is up to managers to be transparent and ethical to ensure the good management of public resources and regain trust in the health system. [23].

Furthermore, given the public health management scenario in Brazil, it is plausible to foresee a growing series of challenges that will erode the health of the population and the effectiveness of the system in the coming decades. 23,24 Therefore, ethics emerges, often neglected by managers. Its importance in management is not just a matter of adhering to a set of rules or regulations, but aiming for positive results in the quality of life of the population. [6,7]

Therefore, ethics emerges, often ne-

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Table 1: Proportion of health professionals by capital and metropolitan region or interior and large regions (Brazil, 1st quarter of 2020)

Região	Médicos		Enfermeiros de nível superior		Enfermeiros de nível médio		População brasileira	
	Capital e RM	Interior	Capital e RM	Interior	Capital e RM	Interior	Capital e RM	Interior
Norte	81,4%	18,6%	61,7%	38,3%	57,2%	42,8%	39,2%	60,8%
Nordeste	83,7%	16,3%	62,4%	37,6%	52,1%	47,9%	33,9%	66,1%
Sudeste	71,0%	29,0%	55,0%	45,0%	55,2%	44,8%	47,2%	52,8%
Sul	49,9%	50,1%	49,9%	50,1%	37,9%	62,1%	29,8%	70,2%
C.O.	74,4%	25,6%	70,8%	29,2%	56,3%	43,7%	46,0%	54,0%
Brasil	70,8%	29,2%	57,7%	42,3%	52,3%	47,7%	40,3%	59,7%

Source: Quarterly Continuous Pnad Microdata/IBGE22.

glected by managers. Its importance in management is not just a matter of adhering to a set of rules or regulations, but aiming for positive results in the quality of life of the population. [26]

Furthermore, ethics in management promotes transparency and accountability, essential elements for maintaining the population's trust in the institutions and managers responsible for administering health services. Accountability not only ensures that resources are used appropriately, but also allows society to monitor and evaluate the performance of health policies and programs. [27]

Integrity and responsibility are fundamental ethical values that guide the actions of managers, ensuring that their actions are honest, impartial and committed to the common good. This implies avoiding conflicts of interest, taking responsibility for any errors or failures and making decisions based on evidence and for the benefit of everyone. [27] Furthermore, ethics in management promotes justice and equity, ensuring that all users have equal access to health services, regardless of their socioeconomic, ethnic, cultural or health status. [28]

Likewise, ethics in management contributes to the efficiency and effectiveness of health services, promoting a culture of quality and excellence in all aspects of administration. 28,29 In this way, it strengthens interpersonal and institutional relationships, promoting teamwork, collaboration and cooperation between the different actors involved in the provision of health services. [27-29]

> “Integrity and responsibility are fundamental ethical values that guide the actions of managers, ensuring that their actions are honest, impartial and committed to the common good.”

Therefore, ethics encourages the construction of fairer, more supportive and responsible health management, where the well-being and health of everyone are considered fundamental and priority values. In view of the shared responsibility of all those involved in the administration of health services, there is a continuous commitment to ethics in all dimensions of management. [28-30]

CONCLUSION

It is concluded that the structural challenges in health management in Brazil highlight the urgency of ethical and transparent actions on the part of public managers. Ethics proves to be a fundamental pillar for overcoming inequalities and implementing policies that meet the needs of the entire society. Given this complex panorama, integrity and morality in the exercise of management are essential elements for the construction of a fairer, more equitable and efficient health system for the Brazilian population.

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