

Ethics As The Basis Of Public Health

A Ética Como Base da Saúde Pública

La Ética Como Fundamento De La Salud Pública

RESUMO

Este artigo analisa a ética como um fundamento essencial na prática da saúde, com ênfase na Atenção Primária à Saúde (APS) dentro do Sistema Único de Saúde (SUS). Aborda a presença de conflitos éticos no serviço público de saúde, muitas vezes ofuscados pela sua naturalização. O objetivo é investigar o papel da ética como pilar na saúde pública, promovendo a reflexão crítica sobre esses conflitos e ressaltando a importância de uma bioética ampliada para garantir justiça, integralidade e equidade no cuidado à saúde.

DESCRIPTORIOS: Ética; Saúde Pública; Equidade; Saúde.

ABSTRACT

This article analyzes ethics as an essential foundation in health practice, with an emphasis on Primary Health Care (PHC) within the Unified Health System (SUS). It addresses the presence of ethical conflicts in the public health service, often overshadowed by their naturalization. The objective is to investigate the role of ethics as a pillar in public health, promoting critical reflection on these conflicts and highlighting the importance of expanded bioethics to ensure justice, comprehensiveness and equity in health care.

DESCRIPTORS: Ethics; Public Health; Equity; Health

RESUMEN

Este artículo analiza la ética como fundamento esencial de la práctica sanitaria, con énfasis en la Atención Primaria de Salud (APS) dentro del Sistema Único de Salud (SUS). Se aborda la presencia de conflictos éticos en el servicio público de salud, que muchas veces son eclipsados por su naturalización. El objetivo es investigar el papel de la ética como pilar en la salud pública, promoviendo la reflexión crítica sobre esos conflictos y destacando la importancia de una bioética ampliada para garantizar la justicia, la integralidad y la equidad en la atención a la salud.

DESCRIPTORIOS: Ética; Salud Pública; Equidad; Salud.

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ORCID: <https://orcid.org/0000-0003-1703-8171>**INTRODUCTION**

Ethics, as an essential foundation in health practice, occupies a prominent position in contemporary discussions on care practices, especially in Primary Health Care (PHC).¹ Unlike hospital settings, where ethical issues are more visible and dramatic, in PHC these conflicts are often more subtle, everyday and often trivialized. In this context, ethical issues associated with daily care are often invisible, requiring more in-depth analysis to identify and resolve them effectively.²

PHC is seen as the gateway to the health system, being responsible for the coordination and continuity of care at primary levels. In this scenario, relational technologies, which involve the interaction between professionals, users and the health system, often overlap with machine technologies, requiring professionals to have a keen ethical sensitivity and a commitment to the values of respect for human dignity and patients' rights.² Daily practice in PHC often places workers in situations where ethical conflicts are more difficult to identify, not because of their ab-

sence, but because they are naturalized within the usual flow of work.¹

However, ethics applied to the daily routine of PHC presents itself as a challenge and an imperative.³ Ethical issues, by their very nature, involve conflicts of moral values that require reflection and deliberation to be resolved. In a larger clinical setting, which involves a multidisciplinary and interdisciplinary approach focused on epidemiological and social needs, ethical dilemmas become even more complex, requiring careful analysis and a collective approach to be resolved. Denaturalizing these ethical issues is an essential task to qualify health practices and ensure that patients' rights are fully respected.²

Within this context, Amplified Clinical Bioethics (ACB), a branch of social bioethics, emerges as a theoretical and practical proposal to face ethical challenges in PHC.⁴ Since the 2000s, ACB has sought to develop and validate instruments, such as the Inventory of Ethical Problems in Primary Health Care (IPE-APS), to identify and address ethical conflicts in everyday health care practice. IPE-APS aims

to be an important tool for developing and systematizing ethical problems that are often invisible in everyday practices, allowing for deeper reflection and the development of practical solutions.⁵

The SUS, as a public health system, is structured based on principles such as universality, equity and comprehensiveness, which makes it a fertile field for the application of bioethics that is sensitive to local realities and the needs of users. However, the coexistence between workers, managers, users and communities generates persistent ethical conflicts, which are often invisible or minimized. The construction of collective spaces for ethical reflection is, therefore, essential, not only to resolve emerging conflicts, but also to ethically reposition workers, promoting co-responsibility in health care and in the defense of human and social rights.²

The application of ethics in PHC practice also requires an approach to ethical deliberation, where decisions are not made impersonally, but involve a process of collective reflection and participation.¹ The creation of spac-

es for ethical discussion and deliberation, both in healthcare settings and in management spaces, such as health councils, is an important tool for overcoming persistent ethical challenges and strengthening the ethical-political commitment of health workers. Furthermore, ethics applied to PHC is inseparable from a perspective of social justice, in which the rights of users and communities are guaranteed and defended in an equitable manner.

This article therefore aims to analyze ethics as an essential foundation in health practice, with a focus on Primary Health Care, proposing a reflection on everyday ethical challenges and the importance of a deep ethical commitment from health professionals.⁴

The analysis seeks to integrate discussions on expanded clinical bioethics with the concrete needs of PHC, highlighting the importance of building ethics applied to the daily routine of public health.⁵ To this end, a review of recent literature will be carried out, based on scientific articles and publications in the area, in order to support the theoretical and practical reflection proposed in this study.

Is It Necessary To Talk About Ethics In Healthcare?

The question of the need to talk about ethics in health, although seemingly simple, reveals an intrinsic complexity when considered in the context of contemporary healthcare practices. The statement that "it is necessary to talk about ethics in health" is based on a fundamental premise: health, as a universal right guaranteed by the Federal Constitution of 1988, is constantly being threatened, not only by structural and financial conditions, but also by inhumane practices that persist in the daily life of the health system. However, the statement that ethics needs to be discussed as a response to this scenario can be questioned, since ethics, by its nature, should not be a specific response to the system's failures, but

rather a structuring foundation that permeates the daily practice and the training of health professionals.⁶

It is argued that possible ethics in health is not only a matter of urgency, but a perennial requirement to ensure that health is treated as a right and not as a privilege. The 1988 Constitution, by establishing health as a right for all, created a normative structure that contradicts, in many aspects, the reality experienced in health units, where access and quality of care often do not meet the principles of human dignity and equity. This gap between the ideal and the real exposes the need for ethical reflection, but also requires that this reflection not be limited to the identification of flaws, but seeks to understand the structural and epistemological causes that underlie these flaws.⁶

Furthermore, it is necessary to question whether ethics in health is being addressed effectively, or whether it, on the contrary, becomes a moral abstraction that masks the deep structural inequalities of the system. Discussing ethics in health must imply a conceptual and theoretical approach; it must involve concrete practices that seek to reverse the naturalization of injustices and the trivialization of care.⁴ Thus, ethics cannot be treated as an emergency response to specific problems, but as a philosophical and practical foundation that must encompass all dimensions of care, from public health policies to the training of professionals.⁶

Therefore, when stating that "it is necessary to talk about ethics in health", it is also imperative to reflect on how this discussion is conducted and what its real purpose is. It is not enough to discuss ethics only when inhumane acts become evident; a constant ethical repositioning is necessary, integrating theory and practice, and capable of promoting significant transformations in the health system. Only then can health truly be revitalized as a fundamental right.⁶

Ethics And Morals In Health

The debate about ethics and morals has intensified in recent years, especially in contexts such as healthcare, where decisions made can profoundly impact the lives of individuals and communities. Although the terms ethics and morals are often used interchangeably, it is essential to understand their distinctions and how these differences are reflected in the healthcare field.³⁻⁶

Traditionally, ethics is associated with reflection on practical life, while morality is linked to the set of norms and rules that regulate human behavior. In times of political and social crisis, ethics seem to be more valued, in contrast to morality, which is often viewed in a pejorative way, associated with rigid and outdated practices. However, ethics cannot be dissociated from morality, but it is essential to understand their specificities and interactions for a more robust analysis, especially in the context of health.⁶

Ethics, as defined in Greek philosophy, is a critical reflection on human actions, dealing with deliberate choice and the justification of the actions taken. Aristotle,⁷ in his *Nicomachean Ethics*, he presents virtue as a means to achieve good and happiness, emphasizing that virtue is a disposition of character acquired through continuous practice and personal effort. This Aristotelian conception of virtue does not only reflect the search for excellence in an individual context, but also implies a commitment to the collective good, essential for social cohesion and the quality of healthcare. In the field of health, where moral and ethical decisions are often at stake, the search for excellence is not only a question of technical competence, but also of ethical sensitivity and commitment to the well-being of others.

Morality, on the other hand, refers to the set of norms and rules that guide human behavior within a society. It has a more prescriptive nature, defining what is considered right or wrong in

certain cultures or normative systems. In the context of health, moral norms can be observed in care practices and policies, in which the aim is to guarantee the rights and dignity of patients. As pointed out by Baechler⁸, morality involves universal norms, such as the fundamental principle that "no one shall take the life of another", which serves as a guideline in all cultures. In health practice, this translates into respect for life and human rights central aspects of bioethics.



The interrelationship between ethics and morals is crucial to understanding the complexity of the problems faced in health.^{4,8} Ethics not only guides professionals to make decisions based on reflection and rational judgment, but also compels them to integrate universal moral norms into their daily practices.



In the health field, this integration requires that health professionals not only follow pre-established norms and rules, but also commit to a reflective practice focused on the good of the patient and society. Biller⁹ argues that ethics is based on reason, being a constant effort towards personal and collective improvement, which is particularly relevant when considering the responsibility of health professionals in ensuring fair and humanized care.

Practicing ethics in health care, therefore, is not just a matter of adhering to rules or following previously established standards, but of cultivating a constant commitment to patient well-being and social justice. Ethical reflection allows health professionals to question the values underlying practices, identify moral dilemmas and propose solutions based on respect for human rights and the dignity of the person.⁸ Morality, in this context, establishes the minimum parameter for acceptable behavior, while ethics provides the tools to achieve a practice that seeks excellence in the provision of care.^{6,7}

Morality is imposed as a set of norms, but ethics requires constant reflection on these norms and on human actions.⁸ It is this reflection that allows health professionals to overcome the challenges and difficulties that arise in their practice, particularly in a scenario of scarcity of resources and structural inequalities. The concept of expanded clinical bioethics, which incorporates a critical and reflective view on the ethical and moral dilemmas faced in Primary Health Care (PHC), offers a way to integrate these two dimensions, ethics and morals, in a more conscious and inclusive practice.^{2,8} Bioethics, by considering the complexities of social and economic reality, enables an ethical approach that goes beyond mere compliance with pre-established norms and seeks practical justice for patients and professionals involved.⁷

In recent years, ethics in healthcare

has been the subject of intense debate, especially in relation to the ethical dilemmas that arise in the daily practice of professionals. Clinical ethics, in addition to ensuring respect for standards and patients' rights, requires a critical analysis of practices and a commitment to the values of equity, solidarity and care.⁷ It is necessary to integrate ethics into health policies to ensure that decisions made not only meet the immediate needs of patients, but also respect their fundamental rights.³ This approach broadens the concept of morality, dealing not only with what is right or wrong, but also with what is fair and worthy.

Ethical reflection is therefore essential for building a fairer and more humane health system, capable of addressing inequalities and challenges arising from social and political conditions. Ethical practice, based on continuous reflection and the pursuit of excellence, is essential to ensure that health is treated not only as a matter of technical competence, but also as a matter of social justice. Thus, it is imperative that health professionals commit to practical and deliberate ethics, based not only on determinations, but also on the constant search for improving quality of life and the common good.^{6,7}

Ethics In Practice

Social bioethics, in convergence with collective health movements, promotes an ethical practice that directly engages with the real demands of health workers and the communities they serve.⁷ This ethical approach overcomes philosophical abstractions, becoming an indispensable practical tool for humanized care, conflict resolution and the promotion of social justice in the health system.¹ By focusing on the challenges of the SUS, social bioethics reinforces the need for applied ethics that guarantees the effectiveness of citizens' rights and the quality of care, especially in contexts of social vulnerability.

The challenge of consolidating an expanded ethical approach focused on the

specific dilemmas of PHC is a crucial point. In view of this, Gomes et al.¹ proposed the Inventory of Ethical Problems in PHC (IPE-APS), a tool that systematizes and illuminates the daily ethical dilemmas faced by health professionals. In the area of oral health, this inventory underwent adaptations that allowed it to be adapted to the specific problems of dentistry, resulting in 36 items carefully selected after semantic and content equivalence analyses. This revised version becomes a practical tool for ethical reflection and strengthening humanized care in PHC.

Among the main ethical problems identified in oral health are issues such as prior judgment of patients, the lack of resources for adequate care and the overload of health teams.⁷ Problems that, although recurring, often go unnoticed due to the lack of a reflective and structured ethical approach. Gomes et al.¹ emphasize the importance of denaturalizing these issues, bringing them to the center of the ethical debate. In this context, the IPE-APS establishes itself as a fundamental tool, encouraging oral health professionals to examine their practices and to reflect critically on the ethical conflicts faced in everyday life.

One of the central aspects for the success of this ethical practice is the development of an expanded bioethics, which goes beyond the limits of traditional normative and contractual approaches. Gomes et al.¹⁰ argue that, unlike a purely normative ethics, expanded bioethics prioritizes solidarity and social commitment, recognizing the complexities of intersubjective relationships between health professionals and users.⁷ This type of ethics becomes crucial in PHC, where relationships develop amidst the dynamics of continuous care and require a deep understanding of the social and cultural determinants that influence patients' well-being.

Expanded bioethics thus becomes a tool that enables professionals to face ethical dilemmas in greater depth, allowing critical and deliberate reflection on their

actions. Gomes et al.¹⁰ emphasize that the use of specific ethical inventories, such as the one adapted for oral health, can facilitate this approach, making ethics a living practice and present in the daily lives of teams. Thus, oral health professionals feel equipped to identify and deal with ethical problems in a safer and more informed way, which strengthens comprehensive and humanized care.

However, the reality of PHC still presents significant challenges, especially in areas of high social vulnerability, where health professionals face situations of structural violence and discrimination. Gomes et al.¹⁰ discuss the verbal and physical violence that these workers encounter, highlighting the importance of a bioethics that goes beyond traditional biomedical standards and embraces the social and cultural particularities of users. This approach is necessary for care that values human dignity and strengthens support networks and empathy within health practice.

“ Another relevant point is the role of public health policies in creating spaces that encourage ethical reflection among workers.

“ The inventory of ethical problems becomes an essential resource in this context, helping professionals to identify and deal with complex dilemmas. ”

Gomes et al.¹¹ emphasize that strengthening ethics in PHC depends on the continuous training of professionals and the encouragement of ethical deliberation, which promotes a fairer, more inclusive care practice based on respect for the diversity of users' needs.

Adapting the inventory to oral health is particularly significant, as it systematizes specific dilemmas and promotes ongoing ethical reflection among professionals. According to Gomes et al.¹² This inventory helps to strengthen the autonomy of professionals in making ethical decisions, ensuring that ethics is an essential part of clinical practice. In this way, the inventory becomes not only an educational tool, but also a tool for improving ethical prac-

tice, enabling a more humanized and participatory approach.

Finally, the analysis of oral health conditions in peripheral regions, such as Guanhães, Minas Gerais, illustrates how the lack of resources and infrastructure affects access to specialized procedures. Gomes et al.¹² highlight that this scarcity of services results in a dependence on private clinics, excluding part of the population and compromising the principle of social justice. This situation challenges the comprehensiveness of the SUS, highlighting the need for policies that promote real equity and care that goes beyond the basics, guaranteeing fundamental health rights for all.^{13,14}

Thus, applied, integrated bioethics based on social justice is essential for the consolidation of a health system that re-

sponds with sensitivity and commitment to the needs of the population. The inventory of ethical problems in PHC, especially adapted for oral health, represents a practical and conceptual contribution to strengthen ethics in public health, promoting more equitable care that is committed to the well-being and dignity of each individual Gomes et al.¹²

CONCLUSION

This study revealed that ethics plays a fundamental role in healthcare practice.

The analysis of everyday ethical conflicts in public healthcare highlights the need for greater awareness of the visibility of these dilemmas, which are often trivialized and ignored.

The critical reflection proposed in this

article emphasizes that ethics should not be merely an aspect to be considered but rather a central pillar that guides decisions and practices in public health. Furthermore, the promotion of an expanded bioethics emerges as a vital strategy to ensure justice, comprehensiveness, and equity in care.

Thus, strengthening ethical guidelines is essential to improving the quality of healthcare delivery and ensuring that ethical principles guide professional practice, benefiting both users and healthcare professionals.

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