

The Role of Primary Health Care in the Management of Leprosy

O Papel da Atenção Primária à Saúde no Manejo da Hanseníase

El Papel de la Atención Primaria de Salud en el Manejo de la Lepra

RESUMO

Objetivo: Relatar a experiência de estudantes de medicina no acompanhamento de pacientes com hanseníase em uma Unidade Básica de Saúde, analisando sua formação ética, clínica e social. **Método:** Relato de experiência descritivo com abordagem qualitativa, pautado no acompanhamento supervisionado de pacientes, exames físicos e ações educativas. **Resultados:** Por meio dos acompanhamentos, foi possível observar um aprendizado clínico em diagnóstico e manejo da hanseníase, além do desenvolvimento de habilidades relacionais como empatia e comunicação. A integração com a equipe e o Agente Comunitário de Saúde fortaleceu o cuidado em rede. **Conclusão:** A Atenção Primária é um espaço potente de formação médica, permitindo o exercício da clínica ampliada, da escuta ativa e do compromisso com a equidade. A experiência evidenciou a importância de superar o estigma social e de investir na formação crítica, ética e comprometida com a saúde coletiva.

DESCRIPTORES: Educação médica; Educação clínica; Equidade em saúde

ABSTRACT

Objective: To report the experience of medical students in following up with patients diagnosed with leprosy at a Primary Health Care Unit, analyzing their ethical, clinical, and social training. **Method:** A descriptive experience report with a qualitative approach, based on the supervised follow-up of patients, physical examinations, and educational activities. **Results:** The follow-ups enabled clinical learning in the diagnosis and management of leprosy, as well as the development of relational skills such as empathy and communication. Integration with the healthcare team and the Community Health Agent strengthened network-based care. **Conclusion:** Primary Health Care is a powerful space for medical training, allowing for the practice of comprehensive care, active listening, and a commitment to equity. The experience highlighted the importance of overcoming social stigma and investing in a critical, ethical, and socially engaged medical education.

DESCRIPTORS: Medical education; Clinical education; Health equity

RESUMEN

Objetivo: Relatar la experiencia de estudiantes de medicina en el acompañamiento de pacientes con lepra en una Unidad Básica de Salud, analizando su formación ética, clínica y social. **Método:** Relato de experiencia descriptivo con enfoque cualitativo, basado en el acompañamiento supervisado de pacientes, exámenes físicos y actividades educativas. **Resultados:** A través de los acompañamientos, fue posible observar un aprendizaje clínico en el diagnóstico y manejo de la lepra, así como el desarrollo de habilidades relacionales como la empatía y la comunicación. La integración con el equipo de salud y el Agente Comunitario de Salud fortaleció el cuidado en red. **Conclusión:** La Atención Primaria es un espacio potente para la formación médica, permitiendo el ejercicio de una clínica ampliada, la escucha activa y el compromiso con la equidad. La experiencia evidenció la importancia de superar el estigma social e invertir en una formación crítica, ética y comprometida con la salud colectiva.

DESCRIPTORES: Educación Médica; Educación clínica; Equidad en salud

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INTRODUCTION

Leprosy remains a serious public health problem in Brazil, not only because of its persistent incidence in certain territories, but also because of the social consequences it imposes on those affected ⁽¹⁾. It is a chronic infectious disease caused by *Mycobacterium leprae*, which mainly affects peripheral nerves and the skin, and can lead to physical deformities and social exclusion ⁽²⁾. Although early clinical diagnosis and treatment with multidrug therapy (MDT) are highly effective, many patients arrive at the care network with disabilities already in place, which reveals shortcomings in active surveillance and in the structuring of care networks ⁽³⁾. This is a worrying factor, because if left untreated, the disease almost always progresses, becoming transmissible, and can affect people of any sex or age, including children and the elderly ⁽²⁾.

Diagnosis is essentially clinical, based on signs and symptoms, examination of the skin and peripheral nerves and epidemiological history. Exceptionally, laboratory tests are needed for diagnostic confirmation, and diagnosis is the responsibility of primary health care ⁽¹⁾. In this context, Primary Health Care (PHC), as the coordinator of care in the Unified Health System (SUS), occupies a strategic position in the early detection

of leprosy, in the clinical management of reactions, in the prevention of disabilities and in the reintegration of patients into society ⁽⁴⁾. From this perspective, PHC is an important field for training medical professionals who are committed to comprehensive care and reducing health inequalities ⁽⁵⁾.

This article reports on the experience of medical students during an internship in a Basic Health Unit (BHU) in the northeast of the state of Pará. The aim is to critically analyze the practices carried out, highlighting how the daily routine of PHC can enhance the ethical, clinical and social training of future doctors, particularly in the face of a neglected disease such as leprosy. We sought to combine practical experience with reflection on the principles of the SUS, comprehensive care and critical reasoning applied to health education.

METHOD

This is a report on the experience of medical students during the follow-up of patients suspected of having leprosy in the first semester of 2025. The activities took place in a UBS in the northeast of the state of Pará, Brazil, located in a highly socially vulnerable area with a history of autochthonous leprosy cases. The medical students were supervised by professionals from the UBS, inte-

grating the teaching-learning process with the daily care activities of the SUS. Clinical information was obtained from physical examinations of patients and direct observation, with the authorization of those responsible and respect for confidentiality.

The visits provided significant learning by putting the students in direct contact with the patient. Tools such as a stethosimeter, criteria for assessing motor strength, the degree of physical disability and a simplified neurological assessment form were used. The students also developed active listening and empathetic communication skills when carrying out the anamnesis. During the consultations, the students had to adapt the therapeutic plan according to unforeseen situations, such as an adverse reaction to the use of thalidomide, introduced to control neuropathic pain. In addition, they adapted educational activities to ensure patient understanding of the importance of treatment, using accessible reminders and informal conversations. Working together with the multidisciplinary team was important for the patient's reintegration into work. Close monitoring by the Community Health Agent (ACS) enabled rapid interventions as necessary. The monthly reassessment phase reinforced the dynamic nature of PHC, with a review of the therapeutic regimen, pain intensity and adaptation of interventions.

Experience Report

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RESULTS

The experience revealed multiple layers of learning. In the clinical field, the students developed skills in dermatoneurological assessment, identification of signs suggestive of the multibacillary form and therapeutic planning in the event of adverse reactions to medication. The need to adjust the use of thalidomide, the introduction of corticosteroids and the monitoring of side effects required clinical reasoning in line with Ministry of Health guidelines. In the relational field, the experience strengthened skills in active listening, empathy and communication with users often marked by experiences of stigma and neglect.

Informal conversations and educational strategies adapted to the local reality were effective in encouraging adherence to treatment. Interaction with the multidisciplinary team and the ACS highlighted the importance of networking. Continuous follow-up enabled rapid responses to problems, the patient's productive reinsertion and the re-signification of the relationship with the territory. The monthly reassessment reinforced the dynamic nature of PHC, adapting interventions according to the user's clinical and social response.

DISCUSSION

The experience we've had in PHC, monitoring patients with leprosy, shows that medical practice goes beyond technical-scientific mastery. It requires sensitivity, critical reflection and ethical commitment to the subjects of care. Direct contact with users in situations of social and clinical vulnerability reinforced in the students not only the improvement of clinical skills, but also the perception of the social, political and affective dimensions involved in the health-disease

process⁽⁶⁾. Despite being curable and controllable, leprosy remains a marker of social inequalities⁽⁷⁾. Its occurrence is concentrated in areas where living conditions are precarious, access to information and health services is limited and stigma still exerts a strong influence on the behavior of individuals and society⁽⁸⁾. In this sense, the disease is not just a public health challenge, but a complex phenomenon that requires an intersectoral approach and a commitment to the social determinants of health.

PHC is an important factor in the longitudinal link with users, and is a strategic space for the early identification of leprosy and the prevention of disabilities⁽⁹⁾. However, in order for this to happen, professionals need to be prepared to recognize the signs of the disease, welcome users without judgment and articulate collective health education actions^(6, 7). This preparation requires critical and ethical training, which goes beyond the reproduction of protocols and techniques. In this context, the inclusion of medical students in the daily life of the UBS allowed them to experience the possibilities of comprehensive care. Clinical decisions, such as the use of thalidomide or the introduction of corticosteroids, took place within a network of dialog with the health team, patients and their families. This process revealed the importance of shared listening and co-responsibility in therapeutic decisions, valuing users' knowledge and the collective construction of the care plan⁽¹⁰⁾.

In addition, the social stigma associated with leprosy proved to be a challenge^(8,11,12). Many patients report fear of exposure, disruption of family relationships and difficulties at work⁽¹³⁾. During the follow-up by the students, these challenges were not only overcome through technical information, but above all by building bonds of trust, acceptance and respect. This

care, often made invisible in traditional curricula, was important for adherence to treatment and psychosocial rehabilitation⁽¹⁰⁾. The presence of the students also mobilized the UBS team to reflect on their own practices. The dialog between different perspectives, academic, clinical and community, expanded the unit's response capacity and strengthened the teaching-service integration. This experience confirms the formative importance of PHC scenarios, which help to make experiences a reality and the principles of meaningful learning, based on problematizing reality⁽¹⁰⁾. The practice created a space for reflection and transformation, allowing students to overcome a passive position and take on the role of active subjects in the care and training process.

The critical analysis of the experience also highlighted the structural limits faced by PHC, such as the scarcity of resources, the turnover of professionals and the fragility of the psychosocial support network. These challenges reinforce the need for continuous investment in public policies that guarantee adequate working conditions, value professionals and strengthen comprehensive care. Therefore, it is important that medical training institutions take on PHC as a structuring axis of training, not just as a field for applying knowledge, but as a space for ethical and social learning. The commitment to collective health, social justice and equity needs to be learned from the first years of training⁽⁴⁾ through immersion in real territories and accompanying historically excluded populations^(5,7).

CONCLUSION

Participating in outpatient care allowed students to experience comprehensive patient-centered care, understanding that significant results require a look at the individuality and

context of each person. Interaction with patients and staff strengthened skills such as empathy, communication and teamwork. This experience

also reinforced the importance of primary care as a training ground, due to its proximity to the community and complex situations. Continuous

monitoring and reassessments ensured the effectiveness of the interventions, promoting an improvement in the patients' quality of life.

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