

# Letter to the Editor

DOI: 10.5935/1678-9741.20120084

RBCCV 44205-1415

## **The medical education and SUS: what we have and what we want!**

Dear Editor,

Brick offers us, in the article “The medical education and SUS” [1], with a clear and elegant reflection on the role of SUS in the formation of human resources for health. In this composition three actors are involved: the University as a builder organ; SUS, while integrated and hierarchized network and field of teaching and learning; and community, while user and representative of social control. From this perspective, we expect graduates from medical courses with a formation that resembles our European colleagues certified as “GPs” - General practitioner [2]. The logic of this model lies in de-hospitalization of health care, considering that with the strengthening of primary care, it would be possible to reach a staggering 80% of solvability of the 200 more prevalent nosologies in any territory. With that, we would have a network of secondary and tertiary care faster and more effective in solving the most complex cases.

Unfortunately, we are far from reaching this level of organization, because increasingly “in-service teaching” becomes weaker due to the asymmetry of choice possibilities with which the young doctor have to face. The choice of teaching career in public universities, for example, is becoming less attractive. The adjunct-assistant-professor, with a workload of 40 hours weekly, receives monthly a base salary of less than \$ 1,000.00 (one thousand dollars), and it is expected: teaching, research, extension, guidance for theses, publishing and much more.

Therefore, the Academy needs to be strengthened in light of the Hippocratic principle highlighted by Brick on which “Medicine is science and art” [1], while in SUS the doctrine that education is one of its goal should be rescued, therefore, our obligation as a health professional, being teacher or not. And finally, the community needs to be counseled about the full exercise of its constitutional right

to health and on the rational use of the health network whose resources are finite.

Sincerely,

**Vinícius José da Silva Nina, São Luís/MA**

*Full Professor. Professor of Medicine, Federal University of Maranhão (UFMA). General Director of the University Hospital of UFMA. Specialist in Health Services Management/MS. Titular Member of BSCVS.*

## REFERENCES

1. Brick AV. O ensino médico e o SUS. Rev Bras Cir Cardiovasc. 2012;27(2):331-3.
2. Witter S, Fretheim A, Kessy FL, Lindahl AK. Paying for performance to improve the delivery of health interventions in low- and middle-income countries. Cochrane Database Syst Rev. 2012 Feb 15;2:CD007899.

## *Quo Vadis*

*“Evaluating scientific quality is a notoriously difficult problem which has no standard solution.”*

## *Per O Seglen*

The rise of the BJCVS impact factor (IF) of 0.963 (2011) to 1.293 (2012), representing an increase of 28.7%, is an important and very representative fact. Leadership obtained at that time, in the area of surgery in Brazil, is very welcome [1].