

## Obstetric Violence and Medical Education

**Dear editor,**

The timing was very opportune on the authors, Nathalia M. Klering, Laura R. Petry, Henrique Garzella, Karolyn Sassi Ogliari and Juliana N. Scherer's proposal regarding the need to transform professional health education, as well as the established relationship in the context of women's healthcare.

Obstetric violence is a complex and multifactorial phenomenon, which is established in three interchangeable and symbiotic spheres, namely: within the individual, institutional and structural context.<sup>1</sup> Individual violence – abundantly documented by women's reports that cannot be ignored<sup>2,3</sup> – is supported by an institutional level of standardized and imposition of invasive and unnecessary procedures. This institutional violence, is socially and historically constructed, reflecting – and composing – an oppressive and violent structure, which pathologizes the female body and the process of childbirth and birth.<sup>4,5</sup>

In this context, we agree with the authors' letter about the centrality of the curricula in health courses in this process. We are taking this opportunity to emphasize that there is no neutral position when we mention about structural violence.<sup>1</sup>

Since silence is contingent on the enunciator,<sup>6</sup> by quietening about Obstetric Violence, the academic curricula condone the perpetuation of power relation that subjugate women's bodies and undermine their autonomy. By using the concept of Evidence-Based Medicine (EBM) in an abstract way, the academy contributes in educating professionals who are unable to recognize good evidence and ignores the

shared decision-making as one of its pillars.<sup>7</sup> Whilst, by approaching the concept of Humanization in a shallow and reduced way, disregarding its historical construction, its inappropriate use is encouraging.

The so-called "humanization" appeared from a movement of reviews of moral and attitudinal values emerging from Modernity<sup>8</sup> and strengthened in the 19<sup>th</sup> and early 20<sup>th</sup> centuries. The belief in the supremacy of pure reason and the overvaluation of individualism culminated in quite destructive and violent events,<sup>9</sup> including in the healthcare area.<sup>10</sup> As a counterpoint, in the second half of the 20<sup>th</sup> century, there were movements to contest this reality, such as Human Rights, Bioethics and Humanization.<sup>8,11</sup> The emergence of EBM, has strengthened these movements by exposing the pitfalls associated with intervention t and violent forms in care. In the case of childbirth care, EBM rewrites childbirth as a physiological process, in addition to being violent, the interventions denounced by the humanization movements were less effective and potentially harmful.<sup>12</sup>

Therefore, the health humanization, should not be confused with charity or concession. On the contrary, this movement aims for a care model guided by ethical and respectful interpersonal interactions, among professionals and the people they care for, in addition to demanding better working conditions and an adequate environment for care practices.<sup>13</sup>

Therefore, we reinforce the authors' perception of the letter in response to our article, agreeing with the urgent need for a profound curricular reform in



the Medical Education. We definitely need to abandon dichotomies that still anchor medical practices in archaic ideals, which contribute to sustain structural violence. We need to reform the curricular and standardize practices that best combine scientific humanities, and bioethics evidences since these are intertwined and necessary concepts to consolidate an effective and socially constructed medical practice.

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## Authors' contribution

All authors fully participated in the construction of this manuscript and approved the final version.

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**ERRATA:**

In Page 965, 1<sup>st</sup> Paragraph,

**Where it reads:** ...health education,...

**Reading:** ...education in health,...

In Page 965, 2<sup>nd</sup> Paragraph,

**Where it reads:** ...the process of childbirth and birth.<sup>4,5</sup>

**Reading:** ...the birthing process.<sup>4,5</sup>

In Page 965, 3<sup>rd</sup> Paragraph,

**Where it reads:** ...we mention about...

**Reading:** ...we talk about...

In Page 965, 4<sup>th</sup> Paragraph,

**Where it reads:** ...by quietening about...

**Reading:** ...by silencing about...

In Page 965, 4<sup>th</sup> Paragraph,

**Where it reads:** ...reduced way...

**Reading:** ...reductionist way...

In Page 965, 5<sup>th</sup> Paragraph,

**Where it reads:** ...healthcare area.<sup>10</sup>

**Reading:** ...area of healthcare.<sup>10</sup>

In Page 965, 6<sup>th</sup> Paragraph,

**Where it reads:** Therefore, the health humanization...

**Reading:** The humanization of health, therefore,...

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