

Nursing in the SUS: passion and faith

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This special REEUSP edition is devoted to the reflections and knowledge disseminated at the second International Symposium of Collective Health Policies and Practices in the Nursing Perspective (2nd SINPESC), which took place on October 9-11, 2011, under the theme Collective Health Nursing and the consolidation of the Sistema Único de Saúde (SUS-the Brazilian National Health System).

The event was promoted by the University of São Paulo School of Nursing (EEUSP) Collective Health Nursing Department, and provided a productive place for education, research and health care institutions to exchange and gather knowledge. It also encouraged reflection regarding the limitations and possibilities of knowledge in this specific field of nursing and its contribution towards the construction of care and education practices, as well as the discussion of its implications in developing public, social and health policies, including health and nursing Care. Also discussed was the development of researchers and research networks within the setting of the consolidation of the SUS.

The inspiration for proposing the theme and subthemes emerged from the need we felt to approach a broad assessment, from the nursing perspective, of the system that is considered to be one of the most advanced in the world in terms of public health policy, and the following questions were developed: of all the proposed and experienced transformations that have occurred in the SUS over more than two decades, which of these changes have most affected nurses, who account for about 60% of the professionals in the healthcare sector? What nursing practices have been represented in the consolidation of the SUS? What do we mean when we talk about nursing in terms of the SUS? These are some of the questions that motivated the dialogue, which did not end at the event but continues even now, in the form of scientific articles and research.

It is important to emphasize that we do not refer exclusively to the health care dimension, but to the whole system of education, research and management inspired by and for the SUS. However, at a time when interdisciplinary cooperation is valued, we cannot limit the discussion of our achievements and limitations without extending it in order to recognize the relationship between nursing and the other practices and knowledge that combine and materialize when they meet in the middle, in the collective purpose that guides our practice, which is the quality of life of the population and its health-disease process, which is social and historically determined.

We count the presence of experts from many different fields of knowledge in Collective Health Nursing, who inspire us to think about the proposed content. The articles in this edition confirm this. In this publication, in addition to the speeches and works presented at the SINPESC, we have also included works from the research groups of the Collective Health Nursing Department, performed according to these premises and principles. The purpose of this was to, once again, demonstrate our position in our field of action.

Thus far, we have mentioned the content of the production and reflections of the EEUSP Collective Health Nursing Department. Please allow us to also address the form; truly, one cannot aspire to know reality if the critic does not strive for the reaffirmation, deconstruction or reconstruction of reality, seasoned with an essential ingredient of life, biblically referred to as the salt of life, which is passion. Thus, besides being in love with the performance (or doing) of nursing in our everyday practice, that passion motivated us to share the knowing and doing with our peers throughout the two days of the meeting.

Far from insanity, as lunatics wish to justify, passion is understood as a given responsibility towards the other, which is, however, incompatible with the liberty or autonomy of the subjects and of the other elements involved [SUS, nursing]. Passion means, most of all, the located, dependent, determined, connected, obligated, inclusive liberty that is justified not in itself, but in first accepting something other than ourselves, but towards which we are compromised and wish to achieve. And, for this reason exactly, passion is capable of making us fall in love⁽¹⁾.

Falling in love is both dying and living a little for the cause every day. It is becoming indignant and resigned in the face of adversity; it is crying with laughter, crying from pain or crying in the face of pain. Falling in love is to experience all the uncertainties of the unknown with the knowledge that nothing in life is ever certain. It is doubting and believing, taking and giving and deconstructing, constructing and reconstructing yourself. In the words of Vinicius de Moraes, Those who never fell in love will never have (be) anything at all⁽²⁾.

If we attended the SINPESC body and soul, it was because somehow, at some particular time, we fell in love with the cause of Collective Health and, within it, nursing, and made it the purpose for our being, and perhaps for our life – our work, study and aspiration. Yes, because the person in love is a person of action, (in)consistent, (un)satisfied and always seeking to increase the strength of the relationship between himself and the cause, a tension that is only resolved through action. And the action that we refer to is not

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that everyday sameness that is repetitive and inconsequential: it is a conscious, political, committed and transforming action.

The term transformation originates from Latin: transformatio+ónis in the conjunction of trans (movement beyond, through; a position beyond; position or movement of through) + formatio + ónis (act, effect or mode of forming). From the sociological point of view, transformation is the core of humans' political action. It is this conceiving of transformation that assures us that we will not be the same after an experience, just as our actions will never be the same.

That was the challenge we faced: seeing and rededicating our social practice as active members of the SUS, as subjects in love, and therefore responsible and committed towards guiding it toward the intended transformation.

*However, there are still two intimately connected questions that we should consider. The first is that putting into practice everything that was discussed, seeking outcomes that will transform the lives and health of the Brazilian population, is only possible if we follow the light of universal ethics, which Paulo Freire philosophically and poetically defined in his book *Pedagogia da Autonomia (Pedagogy of Autonomy)* with the following words:*

Being in the world necessarily means to be with the world and with others. Being in the world and not making history, and not being made by history, without making culture, without treating one's own presence in the world, without dreaming, without singing, without making music, painting, taking care of the earth, waters, without using your hands, sculpting, philosophizing, without points of view about the world, without making science, or theology, without fear in face of mystery, without learning, without teaching, without having ideas of education, without politicizing ... that is not possible⁽³⁾.

No less important is the following consideration: in nursing, living ethically is only possible if nursing-science is allied to nursing-art, which is inseparable from the latter and lends it the human content of our social practice. Making nursing-art surpasses the duty of the profession so that, in the words of Vilma de Carvalho, it becomes the faith of profession. And faith moves mountains...