

## Humanization of SUS as a common policy

This supplement of *Interface - Comunicação, Saúde, Educação* results from combined efforts within the National Humanization Policy (PNH) to systematize and socialize reflections around the topic of healthcare humanization, and notably the production achieved from the seminar "*Humanization of SUS under debate*", held in Vila Velha, Espírito Santo, on June 25-26, 2008.

This dialogue, in the form of policy options and methods of including subjects and groups, imprints changes on PNH, with ongoing changes through bringing in and incorporating new elements. Inclusion cannot just be fashionable discourse, and the challenge is to affirm this as practical policy. For this reason, over the five years of PNH existence, the conviction remains that public policies are not constructed and strengthened without including subjects, both plurally and singularly. This issue of *Interface*, which is plural and heterogenous, reflects the inclusion process.

SUS, as an ethical-political precept, is an instrument for the struggle within healthcare against authoritarianism and practices that take over lives within contemporary capitalism. Moving this struggle forward through institutional democratization of healthcare production practices requires commitment from the different players involved in this process. Hence, it is important to put workers, managers and users side by side at the time of planning, implementing and evaluating healthcare practices.

SUS, as a public healthcare policy, seeks to ensure the right to healthcare. We believe that this public policy should not be confused with government policy. On the other hand, we are fighting for it to be a policy taken on by the state, given that perhaps there will thus be some possibility that it will continue to exist even if not as government policy. This is the dilemma: we want it to be public because we want to strengthen it at a collective (common) level, but we do not want the state and governments to become the sole expression of the collective level, which would signify privatization of policies.

We have gone through this debate – not only a conceptual-political discussion but also a “way of debating among ourselves while trying not to drown” – by seeking to institutionalize the humanization policy of SUS while also seeking to escape from institutionalization that might leave us drained through the instituting forces. We reaffirm that the PNH is a policy for horizontalization, since it argues against the practices of verticalization and fragmentation. Thus, its principles, i.e. its horizontal nature, continually provide arguments for diminishing the risk of its own institutionalization.

This supplement forms part of this movement and its ethical-political choices: a space both for presentation and affirmation and for argumentation, thus giving rise to reflection and repositioning. It is an instrument for analyzing and affirming the humanization policy as a strategy for improving our civilizing experience within healthcare.

Some papers, commissioned by the event coordinators, are undersigned by researchers who, as proponents of the seminar, presented questions for a debate with researchers in this field, thereby expanding the interlocution between PNH formulators and the academic community. These papers sought to pose questions regarding healthcare practices based on the humanization of SUS. Other papers were produced by researchers with the role of debaters in the seminar, who were PNH consultants, and these aimed to discuss the proposals put forward along each line of the debated topics. There are also some papers by researchers participating in the event that, through the diversity of approaches presented, enrich this debate; and some texts produced within PNH-promoted courses, which present important questions for the present debate.

The papers brought together in this issue of the journal give a flavor of the practices and reflections that continually reaffirm creative ways of researching and studying the field of healthcare. Through these texts, we discern the possibility of expanding the debate within the sphere of academic production relating to public health, so that the full complexity of problems faced within the day-to-day routine of healthcare services can be faced, and so that strategies for overcoming them can be constructed. Among the points highlighted in the texts presented here are the need to involve the academic community in this discussion and, through wide-ranging debate, the need to produce practices that take into account the many variables making up the work process in healthcare services and universities.

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