

UNIFIED HEALTH SYSTEM (SUS) IN ITS DICHOTOMY OF VARIABLES: THE CHALLENGES OF THE CITY OF TUPÃ AS AN EMERGENCY CARE REGION

SISTEMA ÚNICO DE SAÚDE (SUS) NA SUA DICOTOMIA DE VARIÁVEIS: OS DESAFIOS DA CIDADE DE TUPÃ COMO REGIONAL DE PRONTO ATENDIMENTO

SISTEMA ÚNICO DE SALUD (SUS) EN SU DICOTOMÍA DE VARIABLES: LOS DESAFÍOS DE LA CIUDAD DE TUPÃ COMO ÁREA REGIONAL DE ATENCIÓN DE EMERGENCIAS

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ABSTRACT

This paper analyzes the creation and importance of the Unified Health System (SUS) in Brazil. Before its establishment, formalized by the 1988 Federal Constitution, the country's health system was fragmented and unequal. The SUS was established with the goal of guaranteeing universal, free, and equal access to health care for the entire population. Its implementation represented a substantial advance, promoting the decentralization of services and a focus on primary care, prevention, and health promotion. This principle reflects the vision that "health is a right for all and a duty of the State," as emphasized by Paulo Capel Narvai (2022, p. 103). Despite notable achievements, such as expanded access to treatments and preventive programs, the system faces challenges that compromise its ability to fully serve the population. Problems such as underfunding, regional inequalities, and the social perception that health actions and services are not rights, but commodities (NARVAI, 2022) persist. However, it is concluded that the SUS continues to be one of the country's greatest social achievements, essential to guarantee the well-being of millions of Brazilians.

Keywords: Challenges. Dichotomy. Health. SUS. Tupã-SP.

RESUMO

Este trabalho analisa a criação e a importância do Sistema Único de Saúde (SUS) no Brasil antes de sua instituição, formalizada pela Constituição Federal de 1988, visto como um sistema de saúde do país outrora fragmentado e desigual. O SUS foi estabelecido com o objetivo de assegurar acesso universal, gratuito e igualitário à saúde para toda a população. Sua implementação representou um avanço substancial, promovendo a descentralização dos serviços e o enfoque na atenção primária, na prevenção e na promoção da saúde. Esse princípio reflete a visão de que "a saúde é direito de todos e dever do Estado", conforme destacado por Paulo Capel Narvai (2022, p. 103). Apesar de conquistas notáveis, como a

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ampliação do acesso a tratamentos e a programas preventivos, o sistema enfrenta desafios que comprometem sua capacidade de atender plenamente à população. Problemas como o subfinanciamento, as desigualdades regionais e a percepção social de que ações e serviços de saúde não são direitos, mas mercadorias (NARVAI, 2022) persistem. Contudo, conclui-se que o SUS continua sendo uma das maiores conquistas sociais do país, essencial para garantir o bem-estar de milhões de brasileiros.

Palavras-chave: Desafios. Dicotomia. Saúde. SUS. Tupã-SP.

RESUMEN

Este artículo analiza la creación y la importancia del Sistema Único de Salud (SUS) en Brasil antes de su establecimiento, formalizado por la Constitución Federal de 1988. El SUS se consideraba un sistema de salud fragmentado y desigual. Se estableció con el objetivo de garantizar el acceso universal, gratuito e igualitario a la atención médica para toda la población. Su implementación representó un avance sustancial, promoviendo la descentralización de los servicios y un enfoque en la atención primaria, la prevención y la promoción de la salud. Este principio refleja la visión de que «la salud es un derecho de todos y un deber del Estado», como lo enfatizó Paulo Capel Narvai (2022, p. 103). A pesar de logros notables, como la ampliación del acceso a tratamientos y programas preventivos, el sistema enfrenta desafíos que comprometen su capacidad para atender plenamente a la población. Persisten problemas como la falta de financiación, las desigualdades regionales y la percepción social de que las acciones y los servicios de salud no son derechos, sino bienes (NARVAI, 2022). Sin embargo, se puede concluir que el Sistema Único de Salud (SUS) sigue siendo uno de los mayores logros sociales del país, esencial para garantizar el bienestar de millones de brasileños.

Palabras clave: Desafíos. Dicotomía. Salud. Sistema Único de Salud (SUS). Tupã-SP.

1 INTRODUCTION

The present research, developed in the city of Tupã, São Paulo, is dedicated to the analysis of the performance and administration of the Unified Health System (SUS) in the municipality, with the purpose of examining its relevance as a regional center of emergency care. To this end, a qualitative methodological approach was adopted, which was based on a bibliographic review and an interview with the nurse in charge of the Santa Casa de Misericórdia de Tupã Hospital, Diego Zutin Vassoler. The study aims, therefore, to identify and discuss the positive and negative aspects of the system, with particular attention to the issue of maintaining its resources and their respective consequences for the institution and local community.

2 THEORETICAL FRAMEWORK

Public health in Brazil has undergone several transformations over the centuries, reflecting in social, political, and economic changes. Its trajectory comes from the colonial period, in which medical care was practically non-existent, so many resorted to healers and shamans, to the creation of the Unified Health System (SUS), which is present today. The main leader of the proposal to create a universal health system, Sérgio Arouca, stated with all the letters: "The SUS is a civilizing project" (NARVAI, Paulo Capel. *SUS: A Revolutionary Reform to Defend Life*, 2022, p. 172), a process that was marked by inequalities and gradual advances (SUMMIT SAÚDE, 2024).

With the arrival of the Portuguese Royal Family, in 1808, characterized as the Johannine period, there were advances in the area of health, such as the creation of the first medical schools and sanitary improvements in the ports, in order to strengthen commercial ties with the British. However, these initiatives were not enough to meet the needs of the general population, making them vulnerable to endemics and epidemics due to the lack of basic sanitation, high population density in urban centers, and the absence of effective public policies for the control of communicable diseases (WIKIPEDIA, 2024).

During the Old Republic (1889-1930), Brazil went through an intense process of urbanization, especially in Rio de Janeiro, which aggravated sanitary problems. The population faced frequent outbreaks of diseases such as yellow fever, smallpox, and bubonic plague. In response to this crisis, the government implemented the Health Reform led by Oswaldo Cruz, which promoted mandatory vaccination campaigns and measures to combat disease vectors. However, these actions generated strong popular resistance, culminating in

the Vaccine Revolt in 1904. Despite the difficulties, this period marked the beginning of a more structured approach to confronting epidemics in the country (DMS UFPEL, 2024).

During the military period (1964-1985), the National Institute of Social Security (INPS) and the National Institute of Medical Assistance (INAMPS) centralized health services, however, they favored large urban centers, leaving smaller localities with precarious care. It was then that the economic crisis of 1986 highlighted the problems in force in this area, boosting the Movement for Health Reform. It was through the VIII National Health Conference (1986) and the Federal Constitution of 1988 that Law No. 8,080 was consolidated, regulating the SUS and, this time, establishing health as a right for all (DMS UFPEL, 2024).

In the Federal Constitution (BRASIL, 1988, art. 198, II) it is stated that:

[...] the SUS is based on the principles of universality, integrality and equity, aiming to meet the needs of all citizens. One of its guidelines is "comprehensive care, as a priority for preventive activities, without prejudice to care services". According to Sérgio Arouca (2022, p. 172), the main leader of the proposal to create a universal health system, "The SUS is a civilizing project [...]".

Thus, in contemporary times, the SUS is based on the principles of universality, integrality and equity, aiming to meet the needs of all citizens. One of its guidelines is "comprehensive care, as a priority for preventive activities, without prejudice to care services" (BRASIL, 1988, art. 198, II).

2.1 FIGURES

Figure 1

Students from Colégio Objetivo de Tupã together with nurse Diego Zutin Vassoler posing in front of the entrance of the Santa Casa de Misericórdia de Tupã Hospital



Source: Aloísio Cássio dos Santos, 2nd Human Itinerary, August 20, 2025.

Figure 2

Students from Colégio Objetivo at the entrance of the Santa Casa de Misericórdia de Tupã hospital together with the students to Nurse Diego Zutin Vassoler



Source: Amanda Frigulio Amaral, 2nd Human Itinerary, August 20, 2025.

3 METHODOLOGY

The work was developed by students of the 2nd year of High School at Colégio Objetivo de Tupã -SP with a focus on the study and performance of the Unified Health System (SUS) of the municipality and its region of coverage, in which it used a qualitative methodological approach to deepen the understanding of the theme.

The study is based on a documentary analysis of the work "SUS: a revolutionary reform to defend life", by Paulo Capel Narvai, and on the content analysis of an interview with nurse Diego Zutin Vassoler, technical manager of the Santa Casa de Misericórdia de Tupã Hospital. Data collection and analysis were organized in two stages: first, a bibliographic survey and a critical analysis of the historical context of the Brazilian health system, covering the pre- and post-implementation periods of the SUS, were carried out. In a second moment, the administration of the SUS in the city of Tupã was investigated from the perspective of a professional in the area.

Thus, this work intends to provide a significant contribution to a debate on the impact of the SUS in Brazil, with special emphasis on the local reality of Tupã, in addition to encouraging a reflection on the fundamental importance of the public health system for Brazilian society.

4 RESULTS AND DISCUSSIONS

From the theoretical analysis, data collection and group discussions, it was possible to raise relevant information that contributes to the critical understanding of this public health system. In this section, the main results obtained are presented and discussed, relating them to the current reality and to the objectives proposed at the beginning of the study.

The information obtained through the realization of this work, including a field research at the Santa Casa de Misericórdia (Tupã-SP), accompanied by the advisor professor Aloísio Cássio dos Santos, interviews with a technical professional Diego Zutin Vassoler, in parallel with bibliographic research (SUS: A Revolutionary Reform to defend life - Book by Paulo Capel Narvai and the Federal Constitution of 1988) and media (Health Policies in Brazil - Documentary by Renato Tapajós), In relation to the proposed theme, we show that the results of this study demonstrate that the Unified Health System (SUS) is a historical advance in the consolidation of the right to health, acting in turn as a fundamental instrument of equity and social inclusion. The field research reiterated the revolutionary dimension by establishing a public and universal model of care for the community that concomitantly confronts social

inequalities. The practical experience observed in the municipality of Tupã, reported by the professional Diego Zutin Vassoler, conveys the idea that despite the particular challenges preeminent to the municipality, such as the poor management of resources in part of the health units, such as the non-availability of these within the hospital itself, the lack of properly interested professionals and the difficulty of working in an environment where many patients and companions do not show respect for the professionals acting at times with aggressiveness or devaluation. For him, in addition to efficient management, it is essential that the population recognizes the effort of the team, which even with limitations, is dedicated daily to saving lives. Respect and appreciation of the work of these professionals are essential for a more humane and effective service.

In short, it is concluded that the SUS, even in the face of persistent structural and financing challenges, constitutes a Brazilian social asset, whose role is indispensable in the defense of life and in the promotion of human dignity, which makes it imperative to recognize its relevance and strengthen its policies in ensuring comprehensive and quality care for the entire population.

5 CONCLUSION

The Unified Health System (SUS) is configured, as evidenced by this study, as one of the greatest social assets in Brazil, reflecting its relevance and effectiveness. The detailed analysis of the operations and results of the SUS demonstrated, unequivocally, that, despite the financial and structural challenges, the system is fundamental for the promotion of equity, the universalization of access and the guarantee of the constitutional right to health for all citizens.

The survey also revealed that the SUS has achieved international recognition, particularly in areas such as immunization programs and transplants, solidifying its position as a model of public health policy. These successes not only underscore the system's ability to make significant advances in public health, but also reinforce the need for its continued strengthening and maintenance.

In summary, the SUS, even in the face of the complexities of its implementation and the obstacles in fully fulfilling its constitutional role, has established itself as a pillar of social justice and an essential instrument for the reduction of inequalities. Its existence is indispensable for the construction of a more just and solidary society, serving as concrete proof of its vital role in guaranteeing Brazilian citizenship.

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