

Essence of Healthcare: People Caring for People

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It is a reality that science and technology are enabling us to live longer, with better living conditions and somehow with greater Access to information through the web. In this scenario, people who require healthcare have been changing their profile and needs. These are people or more empowered users who not only know their rights in health, but also requires them.

In this changing world, health institutions - and with it health professionals - have become embedded in the biomedical and curative model. In this more technological and scientific scenario, we have been forgetting the humanistic vision and the holistic expression of healthcare. Reducing the person, sometimes, to the exclusively biological. We are faced with a patient whose needs have changed with this context [1].

But faced with these new scenarios, the answers are not necessarily to generate incredibly innovative answers, but rather to remember the essence that identifies us health professionals: we are people attending people.

There are several milestones that mark the development of healthcare. One of the mislocated in the eighteenth century strongly marked by the need to better understand the problems of health and disease, thus arises the need to "cure." With that the person was compressed to the biological and pathophysiological becoming a specific object of the application of medicine. The patient is reduced to the disease.

From that date until today, it seems that the story has not changed so much. The inheritance of the biomedical model continues to be a concrete reality by corridor and hospital wards. Likewise, the institutions where care is exercised do not always respond to the demands of those who seek healthcare, and in many cases also do not respond to the expectations of the professionals who provide this care. Expectations related to working conditions, remuneration, segmentation of clinical and management processes, work overload, as well as the few instances of dialogue and reflection among professionals.

Nursing theories related to care as formulated by Lenninger, Peplau, Benneror Watson, among others, have contributed new forms to the concept of care [2]. Especially Watson, who from a phenomenological look confronts us with the arche type of the ideal nurse. Indicating that care is about caring about the experiences of others. It is a fundamental part of "being" and is the most primitive act that a human being performs to effectively become a person. This being is a being relative to another invoking it. Therefore, care is a human expression. A quality that manifests itself through a moral expression oriented towards help and commitment. In this way, it is not a question

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of attending to a set of biological imbalances, but considering the person in its fullest development. Assuming and attending all the components that integrate a person: psychological, social, spiritual and cultural. A care that is planned and structured and whose objective is precise: promote, maintain or recover health.

Watson brings to the discipline of nursing the richness of the concept of "caring" rather than "healing" differentiating in this way the infirmity of medicine. Using "cure" in those people who seek healthcare when they have any imbalance and the concept of "caring" for those people who are given care to maintain their health or to move towards a quiet death [3,4].

The concept of humanization has a character of proximity and cordiality. It brings together, in a certain way, the actions, measures and behaviors that must be guaranteed to protect the dignity of each individual, whether these users or officials of health systems. That is, the person must be the center on which health actions revolve. Especially those of the most vulnerable: people who need healthcare and their families.

To speak of humanization, therefore, in the area of health and suffering is to speak of the vulnerable person, but the person understood in its integrality: in its physical, intellectual, emotional, social and spiritual dimension.

To situate itself in a humanized scenario means to place oneself in a space of relationship where all those who participate learn and grow together; the person, the family and the one or the professionals that give that attention.

It is a process of personal transformation and organizational culture that seeks to improve the quality of care services and the conditions in which these services are provided. For this, it is necessary to identify and value the subjective aspects of patients and professionals, through the promotion of actions that integrate human values to scientists [5].

To return to the essence of the human, we must return to the understanding of the values and principles that characterize humanization. Articulate again the theoretical and technical knowledge of the sciences with those more affective aspects that involve human relations. Those aspects that involve not only the technical, but also the social, cultural and ethical that implies every human encounter. Developing understanding and respect for people in their different ways will be and exist. Located in the paradigm of complexity, humanization is nothing other than to revolutionize human relations from relationships with oneself and with others and with others; Relationship between men and technology, between men and society, between men and knowledge, between men and nature [6].

Therefore, the great challenge of providing quality and humanized care is to reconstruct and link knowledge, teaching, research and clinical actions with ethical values and the essence of the person. In this way, in this redesigned horizon worrying about recovering human dignity in the broadest sense of the word.

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