

Brief considerations of adherence to treatment from a subjective perspective

Abstract

This opinion article aims to reflect on the issue of adherence to treatment from the perspective of human subjectivity, which is implicitly manifested in the relationships between professionals and users. In this sense, raising intersubjectivities and present affections provide greater adherence to the health care proposal, as well as the strengthening of bonds and the reduction of iatrogenic events in the field of health.

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Opinion

Health in recent decades has been transfigured in the face of intense and purposeful discussion about the dominant epistemology in the field, that is, questioning the centered biomedical model and recognizing health not only as the absence of disease, but as an inherent component of people's existence, existence in the philosophical sense of Being and Being. According to the aforementioned, health is related to complexity, and in this sense it is directed towards meeting the paradigm of complexity described by Morin¹, therefore, the production of health considers the in-depth and integral analysis of the human being for the resolution of problems health effectively.

Therefore, within this context presented above, one of the nephric elements that are intertwined with the health sector is adherence to treatment, which reveals itself as a complicating aspect in the relationships between health professionals and users. Adherence to treatment can be understood in the behavioral, sentimental and psychic implication of the subject before the treatment proposed by health professionals, which seeks to reduce the symptoms of the disease, as well as establishing a therapeutic alliance between those involved.¹

In the production of care, adherence to treatment must envision symbolisms and meanings of the disease, health and self-care for the user, as subjectivity manifests itself in a hidden way in the treatment, shining with concerns, desires, anxieties, fears, expectations, among others. in the therapeutic proposal. Health professionals who identify these issues will be more likely to create bonds, strengthen affective and care ties, transcending the flexnerian perspective.²

The treatment adherence plan requires health professionals to critically reflect on health practices, and analyze the individual's context and find elements that may eventually help in this process

of building the therapeutic alliance, such as alternative knowledge. Alternative knowledge refers to components of the user's life history, such as habits, customs, feelings regarding treatment, social support network, socioeconomic conditions, among others. The protagonism and intentionality of users in adherence to treatment suggest autonomy, independence and self-esteem, that is, adherence to therapy seen from the multidimensional view of health, and not mechanistic and producing iatrogenics. Only in the comprehensiveness of health care is it possible to prospect senses oppressed by the biomedical culture, and emphasizing the humanized relationship between health professionals and users. The researcher who writes this opinion works and studies phenomenology in health, and investigates health and disease in intersubjectivities and the meanings that emerge from this process.³

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Conflicts of interest

The authors declare no conflicts of interest.

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