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* Original Article

The many faces of the hospitalized monitored children

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Abstract

This article approaches the technical implications and follow-up policies for hospitalized children in a large-size hospital of Rio de Janeiro in the past two decades. For this purpose, it resumes previous studies considering the following aspects: the hospitalization conditions for children and their accompanying persons at the public service; the analysis of the functions performed by the accompanying persons; the working conditions, which health professionals are subject to and the general conditions of the public service operations. It concludes that the follow-up implications are not restricted to the guarantee of child's protection and care, but that they interfere strongly in the institutional dynamics. Participation of third parties in (the) medical assistance (conduction of) to hospitalized children in public and private health units generates direct consequences on the service quality, and also on structures of established power.

Key-words: follow-up; childhood; health

INTRODUCTION

This article has as central theme the process about the "hospitalized monitored children". With no generalized pretentions, it tries to analyze how does certain material conditions (physical structure, household accommodation corners, environment quality) and policies (about household relationships between itself and into the Health staff) which concretizes daily day, in a public pediatrician service promoted by the Health Municipality which's turned to ensure the right for the responsible guardian monitor its hospitalized children.

Having the study outcome, we look on offering our contribution into the social rights guarantees, arduously conquered, and the Constitutional State Owes to promote indistinctly to the universal and egalitarian access into all the Quality Public Health Services. At this point, we consider the following aspects: the hospitalization conditions in the public service both for children as for its guardians, along the two last decades within the pediatrician service; the general working conditions for the maintenance of the public hospitals, in a conjuncture which the health problems are frequently presented as technical questions, which efficacy and efficiency are evaluated by the cost/benefit relation.

We use as a parameter of reference, the pediatrician service of a large hospital associated to the Sistema Único de Saúde (*Unified Health System)* also called as SUS, in the Rio de Janeiro city. Such unity, preempted the legislation by being the first, both for officialising as for putting in practice a plan which didn't tolerate the split between mother and child before the hospitalization need, even under structure lack to support the responsible guardians within the hospital as well as facing the preview staffs inabilities to get along with this new reality.

This article is a result of a field research attained in three time, occurred in the years of 1985 (RANGEL et al, 1988) (RANGEL, 2007), and allowing a diachronic glance into the internee monitoring children. The first event research was given in January 1985, when an inedited agreement took place between monitoring mothers and health professionals, which resulted in the permanence of 60 mothers in the pediatrician inpatient unity of the referred hospital. During such process, semi-structured interviews were attained together to the mothers who were able to engage themselves on their children's service care as well as interacting with the health staff. By this time, the discussed themes with these people, were reprised and made complex in the both following phases of the research and, in general, it was discussed about: main roles played by monitoring mothers, the guardian presence's representation in a work environment, taking into account both the professionals as the responsible guardian's sight, existence and nature of

routine rules. More ahead, it was added to these themes, the possible negotiating aspects besides the ones which weren't negotiated (RANGEL, 2007).

Another permanent technique, used in a privileged way, it was the participant's observation. Which, by adopting a more intense procedures than the institutional visit, one of the authors of this article attended the Health Unity in the three mentioned times, remaining in the unity, under the researcher condition, for a daily time which surpassed the four hours. As an observation itinerary, it was interesting to rescue the following aspects, which were systemized in dairy fields, such as: the observation of the hospitalization material conditions into children and its responsible guardians, relational dynamic interactions between responsible guardians and the health staff, expressed in power hierarchy, participative user's character, inner and outer negotiations between professionals and responsible guardians. In the last researching event held in 2005 this observation process had duration of nine months.

Besides these tools, five studies of cases were attained they were considered exemplars, once they were evaluated from the hospital admission until the child's left, favouring a more complete exam in the intended probing questions. Such case study ranges according the analyses of the child's clinical picture and demanded medical care. These ranges allowed us to dimension the monitoring importance in different vulnerability levels of children and its relatives.

Monitoring Policy Antecedents On Hospitalized Children

In the network of public hospitals, adults and children were frequently internee with no monitoring. A glance onto the Institutional Hospital Architecture aims that its original project didn't consider the household a possibility there, besides the specialists, others who aren't the so the called "patients". The medical institution supposes the possibility of, besides healing, attend on all the "patients" need and, therefore, the presence of responsible guardians do not justify within the same. This very common situation was always a public hospital characteristic and is accepted as implicitly correct.

There are two important aspects to be considered as a reference of causality into this naturalization. The first and most complex tell about the condition of pauperization where the social segment makes use of public health institutions which's submitted. Poverty aims, in this context, a relation of subordination a priori, aiming a poor citizen may not opine, but submit itself into favours which are conceded to him. The other passive and naturalized acceptation kind from this logic is referred to the medical acknowledgement and all the apparatus that such knowing recruits. The health institution is a privileged locus from this apparatus. Set up the space and introducing disciplined bodies is part of the power captained by the medical acknowledgement.

Diversely, in the private hospitals, though isn't possible to register substantive alterations on what refers to the architectonical building conception, an analysis into the hospitality services aims the presence of responsible guardians is previewed and rentable. Though the special dimension not ever figures as an indicator of relevance in the study of powerful relations, the divulgation of the Michael Foucault's work, complains for a new incursion in the institutional power analyses, on what tells about not only about relations between men, but even on the material resources which are effectively used, in the dominating relation expressions. The built space is an obligatory reference for the resourcing analyses. The discussion made by the author over the "Eye of Power" is extremely elucidative about it. The reference to the panoptic (FOUCAULT, 1987), as an invisible eye monitoring and training the individual and collective bodies, aims the spatial organization importance as a controlling, standard reproduction and social conducts , besides ensuring the power appropriation by the ones who watches thereby invisible "eye".

An each group of four bedrooms corresponds to a nursery in the hospitals. This central of service and reference to the patients and its diseases, which can be localized within or outside the nurseries, works, as the same as an observation an observation and control station, as well as each bedroom is seen as a microcosm governed by the laws which sets up the institution as a whole, thus, introducing an additional element in the logic of such control is equivalent to the possibility of destabilizing such control. This is the reason why, once diagnosed and defined the sickness, your therapeutic starts on being controlled thereby the traditional acknowledgement critics and medical dominations, above of all that which are related to the users owes within the hospitals, whether public or private.

When there was the admission need in public hospitals, the hospitalization was done without allowing the mother or other responsible guardian beside, no matter the time would last the hospitalization. It wouldn't be an exaggeration affirming that the sudden child's take out from its family, and the mother's discomfort to surrender its child compulsorily to the cares of the institution, the child's despair composed the institutional routine as something natural, and as such, there wouldn't fit questions, at least in the interior of the institution.

Questions related to the hospitalization impact and its consequences in cases of mother and child

split and additional complications came from the mother care shortage, though expressed by a medical speech, it didn't reflect on the subsequent information in the public network service, at least concretely – the sacred routines followed its courses and the besides the conflicts which were controlled. The hospital is a hostile environment to the child and for its parents, so not only the reference of meaningful permanence to the child can diminish the suffering and fear of the one who undergo such event. Is the permanence of the parents which helps to live and support both the annoying as the hospitalization pain is it isn't add to the suffering and the loss over the relative linkage.

In 1985 this situation was modified in the pediatrician service of the Municipal Hospital Souza Aguiar, when it was instituted a plan which allowed all the mothers to remain together to its kids, being them by their side no matter their hospitalization time. This public hospital is an important reference for health in Rio de Janeiro, once it treats about an emergence unity, both for the big port condition as for the central localization. The context in which such work was implanted is also deserved of grade. It treats about a decade in which the social rights takes on the highlight place in the political agenda and all the institutional powerful dimensions are revised from the idea of an active society, which is critic and participative. The public service user is qualified as a citizen which carries of its own rights, what enables him to debate the merit of the systems organizations once an user, taxpayer and as interested citizen. In such brunt, the privileged target of this political actor is the power relation between technicians and lay.

In that occasion there were sixty layer for children and the absolute majority of the hospitalized children started counting with the protection of their mother during the 24 hours per day, literally. The project was forwarded without promoting any alteration in the physical service spaces and any capacitating project for the staff to help them to face the new reality. The scenario of the new reality was the daily familiarity of mothers while accompanying, health professionals, hospitalized children and staff support – was a potential scenario for unavoidable conflicts. And they were succeeded by involving an intricate network which none has left unharmed.

The health members' staff started to recognize the right the hospitalized children's mother had to remain together to their children no matter how long would last their hospitalization. The recognizing had as fundament the evident benefits which such situation effectively resulted in the recovering of the children, the diminishing of hospitalization risks and faster positive answers related to the therapy. However, the daily familiarity, between mother and professionals in a context in which the material and subjective conditions weren't considered, it was exposed, in a scathing way, the staff contradictions and quality of offered service. About it, the understanding between the maternal presence's need together to the hospitalized child – what was perfectly applied into mother and children who were users of the private service, generating uncountable conflicting between different actors in the process.

Such aim allowed the users of the service to explicit its demands which are properly from the specialized technical vocabulary. They started, above of all, to use such resource to aim general conditions in which the services were offered. There missed anything else for the surging of conflicts, which look endless, involving directly the staff professionals, and not rarely followed threatens. The conflicts had its origins on what was objectively the reality which revealed about the effective material conditions of the working public services and, in a preponderant way, about the noisy "rights" essence. : the other hand for them to remain in the public institution, staying together to their hospitalized kids, implied in the tasks execution which weren't under the responsible guardians responsibility and even were qualified for that - constituted specific attributions from the nursery assistants. The shortage of a qualified staff, meaning factor in the right concession process, only now would be revealed. The consequent and logic development deployment about such tasks was the introduction of stranger elements and singularly insistent to the medical institutional practice: the vigilance: the permanent surveillance about the professional performances, the control over the therapeutic and all the resources available or not; the exercise of controlling onto the developed actions and the demand over the participation in the decision having "strictly therapeutically" character. This was an essential core for the conflicting existence which occurred in that occasion and which still happens nowadays when the universalization of the service and the social control which is ruled by law.

Tendencies for the Monitoring Practices Nowadays

Former studies attained by Lamy (1995), Ribeiro (1999) and Collet (2001) are references for such article, especially in what tells about the experienced relations between health professionals and responsible guardians for hospitalized children in pediatrician services.

Lamy (1995) dedicated itself to probe situations experienced by parents of new-born kids hospitalized in the neonatal intensive care unit. After, following the same line of investigation, the author again turns its attention to the neonatal intensive care unit, now focusing the interactions which is established thereby the effective service both for mothers as for kids, in a daily living with the health professional.

Ribeiro (1999) developed a wide study with hospitalized children, from three until six years old, by purposing understanding the meaning of interactions experience by them during the hospitalization process and build a theoretical model onto this meaning experience. The author identified and highlighted in its work two phenomenon in which the hospitalized children are supposed to undergo: the suffering the children experience and the strive the child makes in search of resources in order to face such suffering.

Collet (2001) investigation how does the insertion of responsible guardians and its involvement in the therapeutic process characterizes a fundamental component to the understanding of the dynamic relations between professionals who offers such care. The author catches attention for the fact that the participation of a new actor in the care of the hospitalized child implies not only on physical restructuring service, but, also, in behaviour professional changing in the developed institution work.

The recent harvested dates (RANGEL, 2007) beefs up the understanding which the mothers presence or any other relatives' presence to the hospitalized child constitutes one of the factors which contributes to a faster child's recovering, and the diminishing of hospitalization risks and the feeding of the therapeutic activities.

According to the observations attained within pediatrician nurseries, notice, in the current days, in pediatrician nursery, notices, in the current days, a better receptivity of the responsible guardians by the health staff, registering an even better boost in the meaningful in the relationship between responsible guardians and health staffs, configured by the conflict reductions, what can be, in part, explained by the professional activity reduction, more specifically the ones from the nursery people.

The other relevant date was the substantial physical modification in all the pediatrician nursery. Restructures introduced new paintings – which filled in for the white tones and former aseptic – in an attempt to diminish the negative impact which the hospitalization causes, boosting the physical appearance of the environment. The nurseries were restructured in its appearance, so now they look more receptive to the children glances. Armchairs were acquired for the exclusive use of the responsible guardians which, thought they do not guarantee them a comfortable sleep, they're better than the floor for sleeping – where, in the beginning of the program, the mothers used to "sleep".

A continuity is registered in the process of mischaracterization of the responsible guardian function, evidencing, in a scathing way, the consolidation of its responsibilities for the tasks execution which weren't of its competence, phenomenon linked intrinsically to the culture of the public offering service beefing up the favour into the privatizing health public services and its consequent reduction of personal staff.

It was highlighted the fulfilment guarantee on the legislation about security, protection and needed affect to the child's development. As the same as it was effective the social control directly onto the quality offered service and still the modifying process into the gradual sanitary conscience of the involved actors, above of all on what refers to the understanding of health as an universal right.

Exploratory Analyses Onto the Hospitalization of Monitored Children

The presentation of the results of such study will be done thereby the board synthesis. In each of them there will be highlighted an aspect about the responsible guardian's presence in the relations seen there. It was highlighted four mainly aspects: the protective dimension, technique, inspection and participative into the responsible guardian's presence.

In the following boards there will be presented the possible developments of that presented relationship, the receptivity together to the working staff cultural-politics. Is interesting for us in the sense of aiming endogens and exogenous impacts into the culture and the effectuation of the children and adolescents right.

It is important to aim that such characterization, though is a result of an investigation work, are here presented in an interpretative and prescriptive model shape, don't presenting in a necessarily identical way in its real experiences. We don't intend, like this, to be essaying absolute generalizations into aspects here analysed, but we want to aim its strength as a predominant reference in the institutional culture.

Board 1: The protective dimension of the responsible guardian

GUARDIAN ROLE	DEVELOPMENT FOR THIS FUNCTION	HOSPITALITY TOGETHER TO THE STAFF	CULTURAL-POLICS DIMENSIONS
Protector	More humanized treatment into the child; favouring the child's recovering through the affect; Security and lenience for the child, kept familiar tie; Diminishing of the negative impact into the hospitalization; Humanizing service.	<u>Favouring Aspects</u>: More propitious climax within the working place; Faster answer in the doctor's treatment. <u>Unfavourable Aspects</u>: Excessive insecure mother; Who solicits too much the staff.	Beefs up the right seen in law, on what tells about security, protection, affect, needed bio-psychosocial child's affect; Contributes to the cultural changing related to the children's right in the institutional environment; Beefs up the materialization of the children citizenship concept.

Right now we notice the responsible guardian of hospitalized children plays a role of child's protector. Such function implies in the maintenance of the familiar ties, resulting in the diminishing of the negative impact which the hospitalization has to the child. In terms of working service as a whole, the exercise of such function can contribute to the humanization of the hospital service, which recent changes are a result of changing behaviour on treating children. The responsible guardian, once present can be defined, therefore, as one of the determining factors of attention and shelter quality, given by the health staff members. The staff can be also benefited as the responsible guardian works as an easy element to the children's access.

In the other hand, this presence can also disgust the staff if the responsible guardian interfere or question the procedures, by soliciting, or even demanding, more detailed enlightenments. The staff or some professionals can consider such attitude as an inappropriate interference of a lay around an activity which demands specialization.

On what tells about the strive of a civic culture around the child, such measure fulfils an important role. According to the Children and Adolescent Statute (CURY; GARRIDO; MARÇURA, 1991), the child, is understood as a person in development, needs a wide fan of resources for that its welfare be ensured. As the same as services and materials are needed requirements, they aren't, however, enough, if disconnected of an affective support. Besides of this dimension, the fulfilment of the law favourite the consolidation of the Right State, still in process of tenuous decantation of the Brazilian politic culture. From this scenario already instituted, the reversion of such right looks improbable.

Board 2: The dimension of the "monitoring" technique

MONITORING ROLE	DEVELOPMENT OF THIS FUNCTION	HOSPITALITY TOGETHER TO THE STAFF	CULTURAL-POLICS DIMENSIONS
Service Assistance	Sharing of the responsibility tasks from the technical staff. Permanent and individualized attention; Feeds the maintenance of the activities about the precariousness of the available human resources; it makes faster the medical acting process needed for the child's recovering. Contributes to the extended nursery service, in the case of children unaccompanied of their responsible guardian.	<u>Favouring Aspects</u>: Exempt the nursing staff of the tasks: bathing, cleaning, medicines, and bandages. Greater control of quality of service provided. <u>Unfavourable Aspects</u>: Scope's widening into tasks which are reviewed by the responsible guardian, against the technical staff;	Distortion of the responsible guardian's role; Depreciation of the technical quality of service; Exposure of the institutional weakness in terms of resource management; Intensification of nursing work in related to the stress accumulation and promptness for service.

We observe that the function of the auxiliary services was reinforced ever since the first period of observation about this process in 1985. In the past, the medical discourse recognized that the presence – exclusively about mothers - represented one of the conditions for the child's recovering, the responsible guardian is currently valued in a similar way: it is the mother, father or other guardian. It's important to reinforce that, although the speeches - before and now - to strengthen protection values, in practice what's observed is an emphasis onto the responsible guardian duties due to its assistant-medical support.

A relevant consequence of this process was the increased awareness of the responsible guardian - particularly mothers - as an integral and constitutive care. Regardless of taking roles which aren't of their obligation, they consider their space in the institution must be placed in order to guarantee the welfare their child's welfare. However, when placing this space due to their own interest and understanding of its importance in the treatment concomitantly become part of a working process, for convenience and delegation of the technical staff. It was recorded in the latest survey period, a more emphatic by the technical team in charge of the parent or guardian present, which indicates a change of attitude: what once represented an insistence claimed by exigent mothers today seems to be seen as an obligation.
This systematic approach have lately contributed for the disqualification of the responsible guardian role, by moving the issue of right to a form of obligation (the result of a favour) to be with the child taking on tasks that are not within of his obligation. Such observation became nowadays, more evident, once the professional staff requires the presence of a responsible guardian with the same vehemence with which justified earlier that they could not stay in the hospital. Often, a responsible guardian can be called by Guardian Council to explain the fact of don't be following the child (right transformed into an obligation).

When demand becomes law and effectively chaperone is present in child care, the vision of this process is expressed differently by the actors involved. Reframing the responsible guardian can lead even to not consider their presence as a result of demand for child protection. Two aspects arising from this redefinition of the role of the responsible guardian should be marked as a typical contrast of positions and values. Firstly, the presence of chaperone promotes obtain valuable information for the diagnosis and treatment monitoring. At this time, his account is valued as a qualified informant. However, when this same informant has its own issues for the crew, their condition is emphasized secular, generating an interaction less active than when paid to report. So lose the function of co-participant in the treatment and resume their passive condition.
Secondly, there is a variation on the protocols and measures the risk of infection. In the past, the presences of the responsible guardian constraints were substantiated by the possibility of

transmission of infection. The medical knowledge is overlapped, so the importance of protecting affectionate. Protects the child was in a strictly medical aspect, tutored by staff and private in relation to their state of emotional vulnerability. Currently, such technical protocols were relative and the presence of the responsible guardian is even provided assistance to units of burned children and infant intensive care units, known restricted. It should be noted that this change was favourable to the assumption that child care should not ignore the presence of a responsible guardian. However, we should inquire whether this change of attitude was caused by a medical breakthrough in studies of hospital infection or the presence of the responsible guardian was considered important to the child's recovery, offsetting possible risks. The responsible guardian, is up to take on functions of a technical nature, such as bathing, cleaning, medicines, small bandages, constant surveillance, exempts some of the tasks reserved for the nursing staff, producing a more favourable attitude to its presence in the institution. However, in fulfilling the tasks of the professional segment, contributes to a picture of degradation of the public service and casualization of labour relations in the sense of not hiring new workers and non-investment in vocational training. Moreover, there is a paradoxical view: the time when the responsible guardian is legitimated by work, he promotes an expansion of tasks assigned to it, without necessarily telling consent of the team. He established, therefore, a power struggle derived from acting "technique" of the responsible guardian.

Finally, in terms of working process, the division for labour and supervision exercised by the responsible guardian can result in the intensification of nursing work, with respect to the stress accumulation and promptness of care.In addition to institutional charges already expected to add new charges addressed by these new agents.

Board 3: The supervisory monitoring dimension

MONITORING FUNCTION	DEVELOPMENT OF THIS FUNCTION	HOSPITALITY TOGETHER TO THE STAFF	CULTURAL-POLICS DIMENSIONS
Supervisory	Strict implementing control over the medical treatment; Surveillance into the distribution and quality of the technical activities; Collection of pace, intensity and service quality.	<u>Favourable Aspects</u>: Permanent monitoring into the patient; Compliance having accurate prescriptions. <u>Unfavourable Aspects</u>: individualization of control by the responsible guardian; destabilization of the network ranking and office; unwillingness of the crew in the control; tension, conflict with the team and the other responsible guardians; Working process exhibition and team care, creating tension.	Change into the power balance for the institution; Greater transparency in the process of care; Modification of the subordinate nature and health service user; Increased visibility of the provision and health services over the network.

The responsible guardian continues on exercising a monitor function by giving Home Assistance for the Team into the hospitalized children staff. It was observed that the responsible guardian

monitors, observes with an each time bigger rigor, all the medical-assistance procedures for medical care which is subjected. It can be argued that the Inspection starts in the Moment of Child's Entrance to the hospital so the first ones to be inspected are the responsible Doctors, who monitor the whole hospitalization child's period until the child's left from the from the hospital.

It is noteworthy that, given the position of medical professionals in the institutional hierarchy, these are not always frontally challenged by the responsible guardian. Thus, particularly for nurses, caregivers reserve an entire repertoire of complaints, grievances and misunderstandings, overloading them with requests that should be addressed to physicians and others relating to the distribution and quality of activities performed by the technical team. This overhead ends up having direct consequences on the pace, intensity and quality of work. Being more "charged" by the responsible guardian, nursing professionals themselves do not respond to the dynamics of health care for hospitalized children. At any moment his presence is demanded by the responsible guardian, which ultimately results in the constant monitoring of hospitalized children.

Such behaviour seen in the responsible guardian is not always accepted by all members of the healthcare team. In general, doctors are less receptive to criticism and charges when questioned. This attitude seems to still keep a close relationship with the position of authority of medicine and their representatives in the health field. As for nursing professionals, there is a clear division between those who accept to receive criticism about their work and others who admit even listen to the responsible guardian controller. Nursing professionals who discuss their work and often heed suggestions from caregivers, tend to value the presence of a responsible guardian beyond the help that they can offer. Others who have a higher resistance to hearing the demands of caregivers tend to preferentially enhance the contribution that they can receive circumstantial. However, nothing seems to change the arrangement of a responsible guardian to make the actions more transparent, so that they are comprehensible to them, having a sense and a clear objective to be achieved.

The responsible guardian, when he remains largely residing in the hospital, he influence significantly for that the relations be altered within the institution, dismantling the institutional hierarchy, as he refuses to assume the role of mere observer within the working health team. In this sense, considering that the main objective assumed by the health team is to seek the recovery of the hospitalized child, his presence ends up to give the children a more friendly and appropriate health team and an opportunity to rethink the question of the relation x user team health, by taking it as an ally.

Board 4: A participatory monitoring dimension

MONITORING FUNCTION	DEVELOPMENT OF THIS FUNCTION	HOSPITALITY TOGETHER TO THE STAFF	CULTURAL-POLICS DIMENSIONS
Participatory	Affective presence into the patient; Human treatment and politicized care; Integration of the user population to the mechanism of implementation for health policies; Collectivization of issues pertaining to health care...	Favours the working analysis process of the crew and the mechanism for implementation of health policies determined by the Constitution.	Ownership in the implementation of the health policies; Participation in the effective customer service; social control of health care services; Alliance between technical staff and users population health services; Every day the users population crosses the institutional reality; and materialization of the broader health concept; Perception of the social, cultural and economical users population; The citizenship guaranteed.

The idea that the responsible guardian must actively participate in the medical-social treatment meted out to their child, seems to receive the status of an individualized social control. Of course this kind of participation, although extremely important, does not constitute the core of the exercise of social control in health care, since this type of activity it is for health advice. However, the presence of a person whose familiarity with the child greatly contributes to the health professionals have better access to a sick child is what really sets it as an important element in this context. It is a presence that guarantees the necessary warmth to the child deprived of his family, now present in another environment, completely alien, hostile and frightening.

On the other hand, when users of the public health system have the opportunity to understand its functioning and inner dynamics which qualifies them to understand, in addition, the procedures related to medical and social attention are given to the child which are the quality of policy health promoted by the manager responsible. By living with health workers, get to know and experience in everyday life the problems they face due to the precariousness of their work and the allocation of material and human resources always insufficient and inadequate to meet demands of increasingly voluminous when health is guaranteed as a universal human right.

Final Thoughts

This article sought to address a little-explored dimension of a wide right range about children and adolescents in Brazil. When analyzed strictly, the right to health, contrary to the classic definition, prescribed in the VIII Conference reduces the access to basic rights such as: quality service, medication and hospitalization, when necessary. Reflecting on the quality of a phase, almost always avoided, has not represented a political priority, nor even was linked as an academic topic for discussion. The study into such theme comes down to explore both the disease as the dimension of health care and its implications.

In the last two decades in Brazil, the exercise of "social control" has as its goal the enactment of laws which guarantee rights. Enforce laws implies making them practical and not just social normative references. Exercise social control is, in this case, monitoring the management of public policies at all levels of implementation, in order to ensure an optimal relation between the law and its implementation. One way to exercise social control within the policies of protection of children and youth can be encouraged with the participation of society in institutional spaces where services are rendered. Institutions before closed, have become more receptive to input, monitoring and inspection by the interested citizens.

The participatory dimension in health care, as recommended in the movement for health reform, embodied in the Constitution (1988) and reinforced by laws that protect the rights of specific segments, represents the foundation of the greater social control. Often the law advice operates on behalf of the segments they represent. When it comes to protecting children and young people, social control is exercised in a doubly indirect, to the extent that key stakeholders are not always able to claim their rights, or even choose their representatives. Notwithstanding the legal perspective of children and youth be assured, there is still a strong dissonance between a power formally constituted and the objective conditions that will enable its implementation.

Conflict of Interests

Authors have declared they have no conflict of interests.

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Nota

1. According to the report of the Eighth National Health Conference, held in 1986, "In its broadest sense, health is the result of conditions of food, housing, education, income, environment, transport, leisure, freedom, access and possession of land and access to health services. Thus, first of all, the result of social organization of production, this can generate large inequalities in living standards. "

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