* Original Article

The National Policy of Humanization and the Television Media: A Study of the possible differences between the humanization proposals and Globo TV Series "SOS Emergency"

Adriana Maiarotti Justo
Psychologist, MSc in Public Health at the Oswaldo Cruz Foundation and working towards her PhD in the Graduate Program in Social Policy at the Federal Fluminense University, Rio de Janeiro, RJ, Brazil
adrianamjusto@gmail.com

Adilson Cabral Filho
General Studies Center, Social Communication and Arts Department, Federal Fluminense University, Rio de Janeiro, RJ, Brazil
acabral@comunicacao.pro.br

Abstract

This essay proposes to oppose possible disagreements between the humanization purposes addressed by the country's Public Health, from the National Humanization Policy - PNH, and the approach of such theme on series broadcasted by the television media, which raises health assistance issue.
For such purpose, this study has linked the series "*SOS Emergência*" (SOS Emergency) created by Globo Network as far as it intends to reflect the daily routine of a health hospital unit.
The choice of such objective of investigation is because a variety of authors indicates the relevance and influence that the television media pursue as a knowledge, consensus and opinion makers inside society.
From the presented questioning and aiming at identifying the possible disagreements between the humanization purposes derived from PNH wording and the distribution of series by the television media, addressing health issue, this paper is subdivided into three main topics:
- The first axis addresses a more bibliographic perspective for discussing humanization and health fields, their historical construction, and a brief description about PNH.
- The second axis, still bibliographic, targets questioning of themes regarding public policies, the media and their correlation with the social collective construction.
- And finally, the third one aims to reproduce excerpts from the "*SOS Emergência*" (SOS Emergency) series, broadcasted by Globo Network, with the objective of identifying the counterpoints related to the purposes of the PNH text.

Key-words: National Humanization Policy; Public Health; public health policies; public communication policies

Introduction

The current essay pretends to oppose the possible divergences between the humanization proposals directed to the public health fields in the country, stemming from the National Humanization Policies — PNH with these themes being addressed by series broadcasted by television media, which approach the issue of health care.

For such purposes, this study analyses the character cast of the series "SOS Emergency" produced by Globo Network, that attempts to show the daily life of a hospital.

The choice of this research subject is due to the fact that several authors have pointed out the relevance and influence of television media as a knowledge, consensus and opinion trend setter in society. From this perspective, Volanin (2010, p.9) points out that the "media induces the receiver, while it analyzes society circumstantially, establishing not only the selection of events and actors" summoned and selected for debate.

Aranha (1993 apud VOLANIN, 2010, p.8) contributes to the discussion presenting the concept of "*ideological propaganda*", understood as if the portrayed events were an exact picture of reality, in an attempt to convince the receiver that the news actually is, as the media is suggesting,

submerged in absolute neutrality.

Based on what has been exposed and with the objective of identifying possible divergences between the humanization proposals based on the PNH text and the broadcasting of series by television media, that address the issue of health care, this work is divided into three main axes:

- The first axis addresses a more bibliographical discussion of the health field and humanization, its historical construction and a brief account about PNH.

- The second axis, still bibliographic, is intended to analyze the themes related to the field of public policies, media and the correlation with collective social construction.

- And finally, the third axis seeks to reproduce excerpts from the series "SOS Emergency" broadcasted by Globo TV Network, to highlight counterpoints with the proposals made by the PNH text.

The Health Context and the National Policy of Humanization

The reform movement in the Brazilian National System gained new contours since the onset of the movement for sanitary reform, of the debates coming from the 8th National Health Conference – 1986, and the enactment of the Federal Constitution of 1988, which consolidated the legal framework of the *Sistema Único de Saúde – SUS*. (National Health System)

Law 8080/90, known as the organic law for health, redefined the health concept to be adopted, considering determinant and conditioning factors such as food, housing, sanitation, environment, labor, income, education, transportation, leisure, access to essential goods and services, among others (BRAZIL, 1990).

Law 8142/90 established guidelines for community participation as well as for resource transfers between government spheres. Subsequently, the Basic Operational Standards (NOBS 1991, 1992, 1993, 1996) became fundamental instruments for the direction and operation of the health system, public and universal, which was meant to be to be consolidated in the country.

However, despite success regarding reform initiatives in the health system proposals, some challenges were still standing and strategies were needed to overcome them.

Among these, the fragmentation of work processes and the bureaucracy and verticalized structure of the systems posed important complicating factors for the dialogue dynamics and relationship between professionals, users and managers. (PNH, 2004).

Within this environment, it was essential to define strategies that encompassed reorientation proposals for health practice and management in the country, in an attempt to offer care base don the principle of integrality, with an emphasis on the humanization in terms of relationships (BRASIL, 2004).

Thus, even before the promulgation of PNH, but contemporary to the movements for reorientation and consolidation of SUS, several programs related to humanization in health practices in Brazil can be referenced.

These initiatives became important basis for future debates regarding this field of reflection, and worth mentioning are: the Program for Managing Modernization of Large Health Facilities; the User's Letter; the National Evaluation of Hospital Services – PNASH; the Humanization Program for Pre-birth Care; the Attention Norms for the underweight Newborn; and the National Program for the Humanization of Hospital Attention – PNHAH.

From this perspective, aiming at the qualification of care and with the objective of strengthening humanization as a reorganizing guideline for the health system, in 2004 the National Policy for Humanization of Care and Management of SUS – PNH, was created.

Understanding humanization as "the provision of quality service considering technical advances with care, with the improvement of the health care environments and the staff working conditions", PNH refers as some of their guiding lines: valorization of the different participants involved in the work processes in the health area; promotion of autonomy and leadership of these participants; valuing of the subjective and social dimension in the practices and health management; and strengthening of multiprofessional team work (BRAZIL, 2004, p.6).

Nonetheless, the mentioned policy considers humanization as an instrument of social transformation, in that it emphasizes the roles of the actors involved in the process, believing that "social subjects, when mobilized, are able to transform realities changing themselves during the same process" (BRAZIL, 2004, p.8).

In this regard, PNH in terms of policy, aims to favor the application of the principles of the SUS, encourage solidarity exchanges, highlight subjective health practices and spread among managers, users and professionals principles of humanizing actions (BRAZIL, 2004).

The policy thus introduces the relevance of being considered a public policy that crosses through the health system "understood as a set of principles and guidelines that produce actions within the several services, in health practices and system instances, defining a collective construction (BRAZIL, 2004, p.7).

However, the process proposed by PNH, of practice and management reorientation in the field of healthcare, is met by numerous and constant challenges, to the extent that the reorientation initiatives in health practices, searching for comprehensive care, more horizontal and that includes the complexity of the biological, social and subjective dimensions, are not easy to be implemented.

In this debate, authors like Benevides and Passos problematize what they call a concept-symptom brought by humanization."(...) it is possible to state that humanization has gained, in the beginning of the year 2000, an aspect of concept-symptom. We call concept-symptom regarding a notion that paralyzes and reproduces an already given sense". (BENEVIDES; PASSOS, 2005, P.390). Thus, the authors warn that:

> If we assume a critical view regarding the concept-symptom, the conclusion is that we state that humanization as a concept-experience which, at the same time, describes, interferes and produces a reality that summons to keep alive the movement from which SUS is consolidated as a public policy, policy for everyone, policy for anyone, common policy (BENEVIDES; PASSOS, 2005, p.393).

From this starting point and sharing the debate presented by the authors is that this essay seeks to investigate the contrast between the approach of television media in regards to the themes derived from the health fields and the proposals related to the humanization concept presented by the PNH, to consolidate the country's health system – SUS.

The debate on Public Policies and the Media and the correlations with the Collective Social Construction

> And human history not only unfolds on the battlefields and presidential offices. It also unfolds in the backyards, between plants and chickens, on suburb streets, gambling houses, in the brothels, schools, factories, in corner trysts(GULLAR apud FESTA,1986, p.9).

The policy debate is widely diffused among many authors. Its design and concept is diversified among them, but it is in Ramos' writings where there is a statement about policies that approaches us consistently to the interrelationships debate and the fluidity with which this field should be analyzed, in that, as pointed by the author, this is the "territory of men".

> Politics is noise, conflict. Politics is often close to chaos. Politics is the land of men, with all the good and bad things their humanity confers them. The reversal of politics is technique; the land of order, control, predictability. Technique, in this sense, would be a field closer to the gods, whose powers allows them to be almost always very close to perfection and thus it is like gods that most technicians place themselves when they reach the frontiers of knowledge in their areas of expertise (RAMOS, 2007, p.4).

Public Policies and the Media

But how is it possible to think about the field of public policies in our country? The authors selected and consulted for the elaboration of this study point out that the laws in our country, despite having made consistent progress in the search for the consolidation of rights and in "the definition of the lines and guidelines for the formulation of public policies in some areas, the implementation process of these legal frameworks is immersed in a complex field, due to the characteristics of the country." (CASTRO, 2008, p.11).

The characteristics mentioned by the author are a reference to the numerous and diverse inequalities that still permeate the social setting, which are often major barriers to the formulation processes, and specially, to the implementation of public policies in Brazil.

In addition to the inequalities, undeniable, that permeate the social context, Bolaño and Brittos point as a major contemporary challenge "the current development of information technology and communication, that started amidst the 1970s crisis, in the 20th Century. (BOLAÑO; BRITTOS, 2007, p. 94).

According to the authors, "contemporary capitalism is marked by the strong presence of a public media space, where different media co-exist with different proposals, aimed at different audiences, which contributes to the formation of a *social merchandising*, mentioned as a manipulation mechanism of social control" (BOLAÑO; BRITTOS, 2007, p.83).

"This distorted public space covers all the areas of activity and human interest, such as politics, economics, health, education, transport and culture, always treated with manipulation and in advertising format" (BOLAÑO; BRITTOS, 2007, p.89). Being so, it appears as a relevant issue to be debated within the health field, as this field ends up being influenced, as shown by the authors.

Social movements

"Social movements do not occur by chance. They arise from the social contradictions that lead portions of or entire populations to seek ways to gain or regain democratic spaces denied by the class in power". In this sense, social movements are structured according to the situation, with specific interest groups, classes or social extractions that gather around alternative projects for society. (FESTA, 1986, p. 11).

Gohn (2008) warns that the changes that occurred in the world in recent years and allowed an influence in the focus shift of social movements in Latin America made it possible to affirm that such movements are not limited to politics, religion or socio-economic needs, in that cultural identity movements have been advancing along with global movements. Such an interpretation appears as valuable for the movement favoring humanization, as it displaces social mobilization only for political and economic structures of the country, strengthening mobilization for the collective cultural identity construction regarding citizens' needs.

Also in line with the humanization of the debate and the proposals of the HNP,Alvarez (apud GOHN, 2008, p. 444) points out that:

> the constitution of the social subject starts from the place he occupies in the social, political, cultural and symbolic space of other subjects. It highlights the importance of social projects in the constitution of subjects, not as something done, but procedural and strained by differences between the actors of organized collective action as a social movement.

Gohn also quotes Toro (apud GOHN 2008, p. 449) recalling that "the theme of social mobilization is at the core of a strategic plan for action in the social reality in an attempt to promoter changes in behavior."

In this perspective, "social mobilization is the active involvement of citizens, in the social organization, the company, the directions and events in our society" (quoted in TORO apud GOHN, 2008, p. 449).

Finally, social movements in Brazil have always been the target of so-called "Brazilian mass media." To understand the conflict between the action of social movements and the interpretation given by society from information transmitted by the media (VOLANIN, 2010, p.1), it becomes an important instrument of knowledge and real transformation of society.

Communication as a Social Policy

Communication as social policy. This is the central issue for debate that is intended to be directed with the discussions presented. To think about communication as the central axis of the list of policies with social outreach, throws a light on the need for articulation between the different players, of democratization of the information, of participation and social control, but specially highlighted is the need that it also includes the stimulus toward critical reflection about the themes of social protection in the country.

Still, this direction is not easy to be achieved, in that the political context not always favors a reliable knowledge of the facts and the critical and reflexive widening of the scope of the debated themes so that they can be referred to different areas such as education, assistance, health, etc.

From this perspective, the author points out that it is relevant that:

> Social policies in communication to be worked on involve the increase of co-management mechanisms in certain circumstances and implementation of community outreach initiatives, based on the autonomy of the people who lead them, but also based on public criteria, established by the sectors of society concerned. (...) (Autor , 2009, p.13).

This initiative, in order to attain the autonomy of individuals, a level desired by the PNH, would

favor participatory citizenship, inclusive, and strengthen social reflexive debate, and social movements in favor of changes in society.

As recalled by the Author (2009, p.13), beyond any debate in the communications area, it needs to be understood as a human right, as knowledge, as participation and particularly as inclusion in the political, social, educational and cultural senses, directly related to the recent concept of communication as a human right, including specificities at the national, regional and local levels in the country, considering the full exercise of fundamental rights in the area, related to communication processes that provide for freedom of speech and press, the right to information, and the right to communicate.

Counterpoints between the proposals of humanization in health care and the television series that address this field

For the questioning that we intended to undertake about possible differences between the proposals found in the text of the PNH, with respect to the reorientation of care practices and management in the country's public health system and the way how the television series broadcasted by the media approach the health issue, this study as a locus of research chose the series called "SOS - Emergency" aired by Globo TV, which is broadcasted every Sunday, around 23h, from the first half of 2010.

For this study we selected parts of the said series, running between the months of July to October 2010, establishing correlations between the data supplied by the program and the proposals contained in PNH, seeking to identify, in this way the possible counterpoints.

However, before presenting the excerpts of the program, we believe that it is relevant to set the context for the program chosen from among others presented by the television media.

The program "SOS Emergency" – broadcasted by Globo TV, is a comedy program and as such, everyday situations are referred to through jokes and satire, seeking the viewers' maximum entertainment. Thus, the humorous aspect of the program can direct to two main ways of analyzing the object that we intend to discuss in this paper: the first relates to setting a distance away from the facts of everyday life, by "jokes" and humor.

Therefore, what is established only is the fun and joke aspect as entertainment for the public without intention of further reflection.

The second analysis does not depart from the first, but refers us to a more distant horizon, as it believes that, as the saying goes - "every joke has a kernel of truth" - and that by relying on real facts, inform, form and influence the social construction / thought, mainly because it is a widely accessed broadcast media such as TV Globo.

Thus, this study focuses on the second thought, realizing that despite the humorous routine, it is believed that the program, as it is based by text and context on everyday reality - in this case, hospital health care - contributes to influence or at least to reinforce a type of social perception, sometimes unfavorable, about the country's public health system, the target of heavy criticism in many instances.

It is not our intention to exonerate the field of public health in order to obscure the necessity of constructive criticism regarding the country's public health system, but to place it in context and encourage reflection based on consistent debate.

The Program "SOS – Emergency"

Among several selected excerpts, those who were considered more compelling for the debate will be described below.

Among the various episodes studied, six were selected as sample for the debate that we seek to establish in this work. For each of the episodes the following was done: i. A brief description of the speech understood as a departure from the proposals found in PNH, ii. A principle or guideline of PNH which contradicts the description presented, and iii. The Internet address in which the episode can be watched.

1st Selected Episode: Patient (In)humane Assistance

Source: http://www.youtube.com/watch?v=0L8_bqNEPSU

> *The episode begins with the hospital director is being prepared to enter a capsule of magnetic resonance imaging – test in which the patient lies inside a "tube" unable to move for a few minutes while the test is performed –. Besides the director, in the examination room there are also two doctors. One of them realizes that the director*

/ patient is pale and with a countenance of concern, asks what is happening. The patient then replies that he has a phobia of enclosed spaces and is not feeling well. The doctor, despite the apparent suffering of the patient, asks him to lie down to perform the test, not giving due importance to the request and emotional suffering of which the patient complained. In turn, the other doctor who was also in the examination room, did not comment on the patient's statement and also kept talking to his colleague on matters unrelated to the examination or the patient. Finally, the two doctors leave the examination room and forget the patient inside the capsule. "Validation of subjective and social dimensions in all care practices and management in SUS(BRASIL, 2004, p.17).

The above report, which can be found on YouTube as described, is in disagreement with the proposals of the PNH, in that the policy includes humanization as "the provision of quality care, articulating the technological advances with care ", besides enhancing the subjective dimension as essential in helping construct health care.

The caring referred to by the policy was not applied in the scene in question, being referred to as non-attendance to the subjective/emotional needs of the patients.

2nd Selected Episode: The (Non)Valuing of the worker and of Team Work

Source: http://www.youtube.com/watch?v=zQ7ExHDtLHc&feature=BF&list=QL&index=4

The scene starts showing one of the doctors at the hospital opening her shirt and showing her breasts to another doctor at this hospital, co-worker of her team, in a consulting situation. The female doctor asks him what he thinks, and he says he needs more time observing to be able to state an opinion. The doctor adds that she would like to know his opinion, since the plastic surgeon of the hospital, according to his fellow doctor warned him about the need to establish an opinion about the amount of silicone that she should implant. He then says that he needs to touch her breasts to finally be able to issue the opinion. In the moment when he places his hands on her breasts, the plastic surgeon enters the room and asks what is happening, then the patient asks her if this had not been a demand from the surgeon to know his opinion as a colleague . The surgeon said it had not requested for an opinion, thus exposing her co-worker's "plan" to see her naked and touch her breasts. After this, a "war" begins between the two, who were working on the same team. The doctor / patient puts laxative in the doctor's coffee, interrupting an operation that he would perform moments later. He, in turn, obtains pictures of her breasts, taken by a plastic surgeon for surgical placement of silicone, and shows the other teammates.

" Strengthening of multidisciplinary teamwork, fostering cross-section and groupality " (BRASIL, 2004, p.17).

What we intend to show through this episode is the lack of articulation and especially, respect among the many different professionals that compose a health team.

The PNH has the need for multiprofessional teamwork, with articulation of different knowledge and practices, and strengthening of labor relations and care for health professionals. The situation presented by the program suggests a disconnection between the professionals, to the extent of damaging patient care at the hospital.

The damage to the patients is defined, because by the ingestion of laxative, placed inside his coffee by the female doctor, the doctor interrupts a surgery several times, and is not concentrated as required for the procedure.

3rd Selected Episode: The (De)Formation of Health Professionals

Source: http://www.youtube.com/watch?v=vrUxGqbkPE&feature=BF&playnext=1&list=QL

Still in the episode in which the medic and his fellow worker "fight" and boycott each other's work, previously described, one scene stands out. The female doctor gives his buddy a sleeping medication and places him in a room where there will be an anatomy class, lying unconscious on a stretcher and covered from head to toe, with only part of the belly showing. The teacher then begins the lesson by talking to the students about how anatomy lessons are sometimes straining, but necessary for the training of doctors. When the teacher is about to make an incision in the belly of the person lying on the bed (usually a dead person), the doctor wakes up, scaring all the students who leave the room screaming. Terrified.
"Commitment with the democratization of labor relations and enhancement of health

professionals, encouraging lifelong learning processes" (BRASIL, 2004, p.17).

What we intend to highlight with this passage is the prevalence of a "tantrum" among professionals at the expense of patient care, as described in the previous episode (surgery stopped several times) and of the training of professionals.

In the scene, it becomes clear how the female doctor was more concerned with her anguish at being deceived by a professional colleague, placing her in evidence, rather than the training of students of medicine that were attending the class.

This situation has drawn attention to the extent that the PNH which refers to the training of professionals, as well as continuing health education are foundation lines and essential for the qualification of care and health management.

4th Selected Episode: The (Non)Professional Secret and the(missing)Relationship

Health Professional–Patient

Source: http://www.youtube.com/watch?v=OwPo-TOnpSM&feature=related

> *The scene starts showing a psychologist, an official of the hospital, talking to a gynecologist, also of the unit. The psychologist says she is upset because she had to cancel her schedule at the salon, because there was only time for one appointment, taken by the gynecologist. The doctor then says she, being a gynecologist, could examine her friend so she would not waste the salon schedule. The psychologist seems uncomfortable, but accepts. The scene then continues in the office, the psychologist already lying on the table; in the room besides the psychologist / patient and the doctor there is also a nurse who assists in the examination. When the doctor begins the exam she cries out and also calls also the nurse to see what she had found, screaming that the patient was a virgin until that age. The patient says she was so ashamed and that was the reason for her to be uncomfortable with such an examination, done by her friend. The two, doctor and nurse, laugh at the patient, making fun of her situation. The embarrassed patient then asks the doctor to keep her closely guarded secret, but when they search for the nurse in the room …. She is already outside down the hall "gossiping" with all the other hospital colleagues.*
> "Strengthen the concept of extended clinic: commitment to the subject and surrounding collective" (BRASIL, 2004, p.17).

The situation presented does not require much debate, since it exposes the evident lack of care, confidentiality and respect, particularly with the patients, their needs, difficulties and privacy.

The PNH, through the care and concern debate, appears at odds when compared to the program "SOS Emergency."

5th Selected Episode: The (Non) Rational Use of Medication

Source: http://www.youtube.com/watch?v=OwPo-TOnpSM&feature=related

> *The debate about over-medicalization of health has long been debated by the field, aiming at the rational use of drugs and expansion of alternative and complementary care along with medications. However, despite this debate, the program provides a framework within which the hospital's director, on his wedding day, being anxious about the ceremony, asks the doctors and nurses for a cocktail of drugs. Some, to make it quieter, others to be more cheerful, yet others not to sleep on the honeymoon, etc., thus taking a cocktail of drugs.*
> "Encourage resolutive practices to streamline and tailor the use of drugs, eliminating unnecessary interventionist actions" (BRASIL, 2004, P.29).

Medication, i.e. excessive use and often exclusive use of medicines for health care has been questioned. The discussions are directed toward the inclusion of other strategies, when possible, to replace or minimize the medicalization of health demands, this issue is also referenced by the PNH.

6th Selected Episode: The (Non) Bias in Assistance Care

Source: http://www.youtube.com/watch?v=6LI1qK62IMw

> *In this episode, the doctors are caring for a patient who is a fugitive from the police.*

> *The patient is handcuffed o the hospital bed, but some doctors are still afraid to treat him. The patient asks for oxtail for his meal and as it is served - against, of course, all the guidelines about a balanced diet, especially because he was being prepared for an operation. By eating the oxtail the patient chokes and falls into a coma, doctors later discovered he had gotten stuck with the "IUD" (contraceptive) of one of the doctors, it had ended up inside the patient's dish. At that moment, many doctors are joking and happy with the patient's condition since he is a dangerous fugitive, because of the fact he was unconscious.*
>
> "Raise awareness among health staff to the problem of domestic violence and the issue of bias in the time of receipt and referral" (BRASIL, 2004, p. 29)

This episode features an important debate that relates to bias, as demonstrated by the internal disorganization of the hospital structure, in which the "IUD" of a doctor ends up in the patient's food.

The prejudice that needs to be highlighted not only refers to those patients fleeing the police (prejudice that is reflected, often in less caring health care), but also and mainly to the prejudices hidden (or explicit) of race, gender and social position that permeate care in public health for the population .

The debate in the health field shown by the PNH contextualizes each subject that passes through the health care system, whether users, professionals or managers of the health system, their needs and singularities, indicating the need for health actions that contemplate the subjectivity inherent in care processes.

Final Considerations

The present study sought to identify possible differences between the approach presented by the television media programs on the health field and the proposals from the National Humanization Policy - PNH.

For a case study the program " SOS-Emergency" broadcasted by Globo TV was selected, that, although it is in the sitcom genre, it was considered that, being based on facts of everyday life in a hospital, this program shows, shapes and influences the development of social thought on the subject of health.

Six (6) scenes from program episodes were selected, which suggest "structural problems" related to the field of health education, professional secrecy, prejudice, professional-patient interaction, medicalization and relationship in the multidisciplinary team.

Regarding the expression "structural problems", one can understand those who differ fundamentally from the discussions and guidelines that have been identified by the public health system of the country, as well as by the PNH, further emphasized throughout the study.

In this context , it is possible to reach a conclusion by pointing out the weak critical, constructive, formative and autonomy-generator content that has been set as goals by the PNH proposals and guidelines. Rather, it is noticed, in the episodes studied, a recurrence that allows for the construction / strengthening of an unfavorable social structure, discredited in the field of public health in this country.

Conflict of Interests

Authors have declared they have no conflict of interests.

Bibliografic References

BRASIL. Constituição (1988), **Constituição da República Federativa do Brasil**, Brasília, DF, 1988. Available at: <http://www.planalto.gov.br/ccivil_03/constituicao/constitui%C% A7ao.htm>. Accessed in: nov. 2010.

BRASIL. Lei n° 8080, de 19 de setembro de 1990. **Diário oficial da união**.Brasília, DF, 20 set. 1990. Available at: <http://www.planalto.gov.br/ccivil_03/Leis/ L8080.htm>. Accessed in: nov. 2010

BRASIL. Lei n° 8142, de 28 de dezembro de 1990. **Diário Oficial da União**. Brasília, DF, 31 dez. 1990. Available at: <http://www.planalto.gov.br/ccivil_03 /Leis/L8142.htm>. Accessed in: nov. 2010.

BRASIL. Ministério da Saúde. Secretaria Executiva. **Humaniza SUS:** Política Nacional de Humanização: documento base para gestores e trabalhadores do SUS.1. ed., 1. reimpr. Brasília, DF, 2004.

BENEVIDES, Regina; PASSOS, Eduardo. Humanização na saúde: um novo modismo? **Interface**, Botucatu, v.9, n. 17, p.389-394, mar./ago. 2005.

BENEVIDES, Regina; PASSOS, Eduardo. A humanização como dimensão pública das políticas de saúde. **Ciência e Saúde Coletiva**, v. 10, n. 3, p.561-571, jul./set. 2005.

BOLAÑO, César; BRITTOS, Valério. Espaço público midiático e a ideologia do merchandising social da Rede Globo. In RAMOS, Murilo César; SANTOS, Suzy. **Políticas de comunicação**: buscas teóricas e práticas. São Paulo, [s.n.], 2007.

CASTRO, Maria Helena Guimarães de. Políticas públicas: conceitos e conexões com a realidade brasileira. In CANELA, Guilherme (Org). **Políticas públicas sociais e os desafios para o jornalismo**. São Paulo, Cortez, 2008.

FESTA, Regina. Movimento popular, comunicação alternativa e cultura. In FESTA, Regina ; LINS e SILVA, Carlos Eduardo (Org.). **Comunicação popular e alternativa no Brasil**. São Paulo, Paulinas, 1986. p. 9-30.

GOHN, Maria da Glória Marcondes. Abordagens teóricas no estudo dos movimentos sociais na América Latina. **Caderno CRH**. Salvador, v. 21, n. 54, p. 439-455, set./dez. 2008. Available at: <http://www.scielo.br/pdf/ccrh/v21n54/03.pdf>. Accessed in: nov. 2010.

RAMOS, Murilo Cesar. **Sobre a importância de repensar e renovar a idéia de Sociedade Civil** . [S.l.: s.n.], 2007.

VOLANIN, Leopoldo. **Poder e mídia:** a criminalização dos movimentos sociais no Brasil nas últimas trinta décadas. [S.l., 200-?]. Available at: http://www.diaadiaeducacao.pr.gov.br/portals/pde/arquivos/760-4.pdf>. Accessed in: nov. 2010.