

Article


Health Law in undergraduate Public Health courses in Brazil: an exploratory study in the light of National Curricular Matrices

O Direito Sanitário nos cursos de graduação em Saúde Coletiva no Brasil: um estudo exploratório à luz das matrizes curriculares

Derecho Sanitario en los cursos de pregrado de Salud Pública en Brasil: un estudio exploratorio a la luz de las Matrices Curriculares

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Abstract

Objective: To analyze the teaching of Health Law in undergraduate Public Health courses in Brazil.

Methodology: A descriptive and exploratory approach was adopted, based on documentary analysis, to investigate undergraduate courses in Collective Health in Brazil. Data from the e-MEC and the Brazilian Association of Collective Health's Forum on Undergraduate Studies in Collective Health were used to map the institutions offering this course. The curricular matrices were identified through their institutional websites. Thematic analysis, based on a theoretical framework, made it possible to categorize the data and identify patterns. **Results:** 24 courses were identified. These courses are distributed across all regions of the country, with the North having the largest number of courses. The analysis revealed that the inclusion of health law content is limited in these courses. When it is covered in various subjects, it can become an “invisible” topic, losing its specificity and importance. Although a specific subject guarantees greater depth, it can isolate Health Law from other course content.

Conclusion: The results of this research highlight the importance of adapting and planning the curricula of undergraduate courses in Public Health, especially in relation to the teaching of Health Law, with a view to improving the training of professionals in the area by stimulating transdisciplinarity in the courses, encouraging professional practice and promoting a more comprehensive view of the health system, enabling them to lead processes of social transformation in public health. We also recommend investigating the teaching strategies used to improve the applicability of health law in these courses.

Keywords: Collective Health; Teaching; Health Law.

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Resumo

Objetivo: analisar o ensino do Direito Sanitário nos cursos de graduação em Saúde Coletiva no Brasil.

Metodologia: adotou-se uma abordagem descritiva e exploratória, com base em análise documental, para investigar os cursos de graduação em Saúde Coletiva no Brasil. Utilizaram-se os dados do e-MEC e do Fórum de Graduação em Saúde Coletiva da Associação Brasileira de Saúde Coletiva para mapear as instituições que oferecem esse curso. Identificaram-se as matrizes curriculares por meio de suas páginas institucionais. A análise temática, baseada em referencial teórico, permitiu categorizar os dados e identificar padrões. **Resultados:** Identificaram-se 24 cursos. Esses cursos estão distribuídos em todas as regiões do país, sendo a região Norte a que possui o maior número de cursos. A análise revelou que a inclusão de conteúdos de Direito Sanitário é limitada nesses cursos. Quando abordado em diversas disciplinas, ele pode se tornar um tema "invisível", perdendo sua especificidade e importância. Embora uma disciplina específica garanta maior profundidade, ela pode isolar o Direito Sanitário dos demais conteúdos do curso. **Conclusão:** Os resultados desta pesquisa destacam a importância de adaptar e planejar os currículos dos cursos de graduação em Saúde Coletiva, especialmente em relação ao ensino de Direito Sanitário, visando o aprimoramento da formação dos profissionais da área ao estimular a transdisciplinaridade nos cursos, incentivar a prática profissional e promover uma visão mais abrangente sobre o sistema de saúde, habilitando-os para liderar processos de transformação social na saúde pública. Recomenda-se também investigar as estratégias de ensino utilizadas para melhorar a aplicabilidade do Direito Sanitário nessas graduações.

Palavras-chave: Saúde Coletiva; Ensino; Direito Sanitário.

Resumen

Objetivo: Analizar la enseñanza del Derecho Sanitario en los cursos de pregrado en Salud Pública en Brasil. **Metodología:** Se adoptó un enfoque descriptivo y exploratorio, basado en el análisis documental, para investigar los programas de pregrado en Salud Pública en Brasil. Se utilizaron datos del e-MEC y del Foro de Pregrado en Salud Colectiva de la Asociación Brasileña de Salud Colectiva para mapear las instituciones que ofrecen este curso. Las matrices curriculares fueron identificadas a través de sus sitios web institucionales. El análisis temático, basado en un marco teórico, permitió categorizar los datos e identificar patrones. **Resultados:** Se identificaron 24 cursos. Estos cursos están distribuidos en todas las regiones del país, siendo el Norte la que presenta el mayor número de cursos. El análisis reveló que la inclusión de contenidos de Derecho sanitario es limitada en estos cursos. Cuando se trata en varias asignaturas, puede convertirse en un tema «invisible», perdiendo su especificidad e importancia. Aunque un tema específico garantice una mayor profundidad, puede aislar el Derecho Sanitario del resto del contenido del curso. **Conclusión:** Los resultados de esta investigación destacan la importancia de adecuar y planificar los currículos de los cursos de pregrado en Salud Pública, especialmente en relación a la enseñanza del Derecho de la Salud, con vistas a mejorar la formación de los profesionales del área, estimulando la transdisciplinariedad en los cursos, incentivando la práctica profesional y promoviendo una visión más integral del sistema de salud, capacitándolos para liderar procesos de transformación social en salud pública. Recomendamos también investigar las estrategias de enseñanza utilizadas para mejorar la aplicabilidad del derecho de la salud en esos programas.

Palabras clave: Salud Colectiva; Docencia; Derecho Sanitario.

Introduction

Higher education in health plays a fundamental role in consolidating the Unified Health System (SUS) in Brazil. Integrating theory and practice, valuing primary care, health promotion and interdisciplinarity are important aspects to be considered in the training of professionals in order to

strengthen the health system. In addition, permanent education in health, which encourages the constant updating of the knowledge and practices of these professionals, is essential to guarantee the quality and effectiveness of the health services offered to the population⁽¹⁾.

In this sense, the training of health professionals with a bachelor's degree in Collective Health must be aligned with the principles and guidelines of the SUS, such as universality, comprehensiveness and equity. This means that these professionals must be trained not only technically, but also politically, to understand and act in accordance with the precepts of the Brazilian health system^(2,3).

This is because Collective Health emerged as a field of knowledge in opposition to the biomedical hegemony that prevails in the health sector, with the aim of reorienting health priorities to meet the needs of the population. In the 1920s, the physician Lord Bertrand Dawson highlighted the importance of bringing together the objectives of health systems with health education. However, there are still differences in training approaches that do not take into account social specificities and intersectorality, despite the World Health Organization's definition that health is a state of complete physical, mental and social well-being⁽⁴⁾.

Investigating the historical principles of Collective Health training in Brazil, a trajectory is constructed that begins in 1925 with the specialized training of doctors in Hygiene and Public Health, and later, from 1960 onwards, with the extension of *lato sensu* postgraduate courses to other health professionals, such as nurses, pharmacists, veterinary doctors and engineers, expanding the training of sanitarians^(5,6,7).

The discussion about training in Collective Health in Brazil, at undergraduate level, began to be considered at the end of the 1970s, and in 1983 a first proposal for a course appeared at ABRASCO meetings and congresses, but did not result in concrete proposals until later^(8,9,10).

In 1993, during a Rede Unida congress and a seminar at the Universidade Federal da Bahia (UFBA), the need to anticipate the training of public health workers was discussed, culminating in the inclusion of a proposal for a degree at UFBA's Collective Health Institute^(8,10). The area of Collective Health then became one of the most important in the country, due to the need to consolidate and qualify the SUS, requiring professionals with degrees in this field.

And then, in 2002 and 2003, there were new discussions about the viability of undergraduate education in Collective Health, involving the Associação Brasileira de Saúde Coletiva (ABRASCO), the Pan American Health Organization (PAHO), the World Health Organization (WHO), the Fundação Oswaldo Cruz (FIOCRUZ), different universities, students, researchers, and course coordinators. With the Programa de Apoio a Planos de Reestruturação e Expansão das Universidades Federais (REUNI), the discussion was resumed, and the first undergraduate courses in Collective Health were opened in Brazil, marking the formal beginning of education in this area in 2008 and 2009. Since then, there has been discussion about the need for a professional representation entity for these graduates, especially regarding entry into the job market, due to a lack of awareness about the profession. Years later, in 2019, the Associação Brasileira de Bacharéis em Saúde Coletiva (ABASC) was founded, giving visibility and recognition to bachelors. The regulation of the profissão de sanitarista has been one of the association's main priorities since its foundation^(9,11,12,13,14).

Santos⁽⁹⁾ observes that the initial challenges in creating undergraduate courses in Collective Health included the need to expand with quality, maintaining fidelity to a project and historical commitment, as well as facing a training process that was still unknown. There was also an urgent epistemological and political debate, driven by the presence of graduating students. In addition, there

was concern about the premature opening of courses without the main debates being carried out in depth.

Thus, undergraduate degrees in Public Health emerged in Brazil due to the significant demand for qualified professionals to work in various areas of health systems management, such as information management, human resources, service evaluation, health surveillance, environmental health, health promotion and disease control. According to Paim^(7,11), the creation of these courses was justified by the need to fill a gap in the job market in both the public and private sectors. In addition, the specific nature and complexity of the health sector in Brazil required a specific core of professional knowledge and practice⁽¹⁵⁾.

However, Paim⁽¹¹⁾ also emphasizes that the implementation of Collective Health has not emptied the teaching of other professional training programs in health. On the contrary, it has promoted disciplines and provided a better structure for dealing with the complexities of health. To meet the demands of this complex field, it is essential that professionals are guided by an interdisciplinary concept that combines elements of the biomedical model with knowledge of the human and social sciences, moving away from an eminently individual concern to focus on the collective/population sphere⁽¹⁶⁾.

Educational institutions offering undergraduate courses in Public Health must follow the National Curriculum Guidelines (DCN), which are defined by the Ministries of Health and Education. The DCN provide a set of guidelines for the content and skills that students should develop throughout the course. However, institutions have the flexibility to incorporate their own specificities through their Political Pedagogical Projects⁽¹⁾. With regard to the training of health professionals, both the DCN and Law n° 14.725 of 2023 emphasize the importance of a holistic approach to health, leadership skills, multidisciplinary collaboration, communication, decision-making and management in the field of health. In addition, the importance of a political understanding of the SUS^(17,18) is emphasized.

In summary, the established guidelines seek to guarantee comprehensive and up-to-date training for professionals graduating in the area of Public Health. Specifically for the profession of public health worker, graduates are expected to have the ability to connect knowledge, interpret contexts and health determinants relevant to the health-disease process.

Souza et al⁽¹⁴⁾ and Domingues, Cappelari, Rocha⁽¹⁹⁾ argue that the knowledge acquired during undergraduate studies in Collective Health is fundamental for the job market because it enables professionals to work in various areas, such as the formulation of sectoral policies, the management of health systems and services, and technological production.

However, the training of health workers and the production of knowledge for the job market is intrinsically linked to the socio-economic context, including capitalism. The health movement in Brazil, for example, was influenced by Marxist thinking and sought to respond to the social and health inequalities generated by the capitalist system⁽⁹⁾.

It can be seen that the growth of the health insurance market in Brazil is related to the increased absorption of graduates in Public Health by the complementary health sector. This growth will require more analysts, auditors, managers and professionals with training in Collective Health to work in the private sector, which benefits private capital to the detriment of the public interest and the quality of education and health.

That said, the work of public health workers should primarily aim to promote more equitable public health, facing the contradictions and challenges imposed by capitalism in the distribution of resources and access to health services^(7,11).

These concerns reflect the need to ensure that courses are well structured and that public health concepts are clearly defined and discussed.

In this sense, the teaching of health law plays a crucial role in the training of new health professionals, as it is intrinsically linked to the guarantee of the right to health and the implementation of public health policies, as advocated by Dallari^(20,21).

By understanding and applying the principles and rules of health law, public health professionals can act more effectively in various areas.

For Dallari and Nunes Júnior⁽²¹⁾, knowledge of health law enables professionals to develop strategies and actions aimed at promoting the health of the population, preventing illness and improving quality of life. They can use the legal tools available to implement health promotion and disease prevention programs.

That's why understanding the rules and regulations of health law is essential for the efficient management of health services. Professionals can ensure that the practices adopted comply with current legislation, guaranteeing the quality and safety of the services provided.

According to these authors, by mastering health law, public health professionals can act to defend the rights of users of the health system. They can identify violations of rights, promote equity in access to health services and contribute to guaranteeing a fairer and more inclusive health system.

Therefore, training in health law enables public health professionals to act in a more comprehensive and qualified way, promoting the health of the population, managing health services effectively and defending the rights of users of the health system^(20,21).

Dallari⁽²⁰⁾ gives some reasons why the inclusion of Health Law can significantly contribute to a more comprehensive education, making it more complete and qualified: it allows collective health professionals to develop a holistic view of health, considering not only the biological aspects, but also the ethical, legal and social aspects that influence the well-being of individuals and communities; it enriches the multifactorial approach to health problems, allowing professionals to consider the legal and political issues that impact on the health of the population; a more comprehensive and qualified training, which includes subjects such as Health Law, enables professionals to deal with emerging issues and promote health more effectively; and it also contributes to the training of professionals committed to promoting collective health.

Therefore, the teaching of health law in undergraduate courses in Public Health plays a crucial role in consolidating the SUS, contributing to the training of qualified professionals who are aware of the principles of the health system and committed to providing quality care that is accessible to all citizens, and who play an essential role in affirming and guaranteeing the right to health and other social rights.

Adequate teaching of health law to graduates of undergraduate courses in Public Health will enable more professionals to be trained to protect and improve the health of the community and, based on the right to health, to orchestrate effective means of citizenship and guarantee other social rights.

Addressing Health Law in the curricula of undergraduate Public Health courses to ensure more integrated and interdisciplinary training is crucial to preparing health professionals for the complex and multifaceted challenges of the health system.

The aim of the study was to carry out a survey and analysis of the teaching of Health Law at the CGSCs, based on the curricular components in the matrices and in the Pedagogical Political Projects of the courses.

Methodology

This is a descriptive, exploratory study, with a documentary approach, carried out in April and May 2024, in undergraduate Collective Health courses, through access to the Pedagogical Projects (PP) of the courses, made available on the e-MEC portal - the National Register of Higher Education Courses and Institutions⁽²²⁾ and on the official websites of the institutions.

The curricular content adopted by the Pedagogical Project is one of the elements of the training process, which suggests the direction of professional practices, as well as the possibilities of the paths to be taken. In this sense, it is an important element in the analysis of this study, as it enables a correlation with the training policies and the DCN of the undergraduate course in Collective Health.

Data collection was carried out in two phases: 1) a search in the Ministry of Education's information system on the offer of undergraduate courses in Brazil, through the e-MEC website <<https://emec.mec.gov.br/>>, mapping the HEIs authorized to offer the Collective Health course; 2) visits and searches on the institutional pages of the universities identified on the e-MEC portal, to access the matrices and PP.

Data was collected by means of documentary research into the pedagogical projects, syllabuses and curricular matrices of the courses. Microsoft Excel was used to organize, compile, describe and analyze the documents. The inclusion criteria were universities that provided the pedagogical project, syllabus and/or curricular matrix of the course and that had the teaching of Health Law content as a curricular component.

The data collected was analyzed using the Thematic Analysis technique, following the stages of data sorting, classification based on a theoretical foundation and final analysis⁽²³⁾.

The aim of this analysis was to identify the disciplines related to Health Law (modules or disciplines that include the teaching of Health Law) in undergraduate courses in Collective Health, as well as the nature of the offer of these disciplines (compulsory or optional) and their respective workloads and semesters. Ethical evaluation by a research ethics committee was not required for this study, as information in the public domain was used.

Results and discussion

The survey of higher education institutions (HEIs) registered with e-MEC that offer the Collective Health course revealed the first results (Table 1):

Table 1. Mapping results and technical reading of the data collected

Institution (HEI) and courses	There were 36 records of bachelor's degrees in Collective Health in Brazil on e-MEC.
Distribution of course offers	All Brazilian regions showed a spatial distribution of Collective Health courses, with the North Region standing out with the largest number of offers.
PP, syllabus and/or curriculum matrix of the courses	All the HEIs analyzed had available syllabuses, curricular matrix and/or pedagogical political project on their official websites, except for UFRR, whose page was unavailable for an indefinite period.

Health Law	The teaching of health law takes place across different curricular components, with a predominance of theoretical content.
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Source: the authors.

These results provide a comprehensive overview of the situation of Collective Health teaching in HEIs in Brazil and the presence of Health Law in the curricula of these courses.

There were 36 records of bachelor's degrees in Public Health in Brazil on the e-MEC website. Data from the Fórum de Graduação em Saúde Coletiva (FGSC/Abrasco)⁽²⁴⁾, however, indicate that there are currently only 24 undergraduate courses in Collective Health and/or similar names registered with the Ministry of Education (MEC). A larger number, preliminarily surveyed in e-MEC, indicates that there is duplicate data on the courses offered by the registered institutions.

The courses offered by location are: in the North Region (25%), by the Universidade Federal do Oeste do Pará (UFOPA), Universidade Federal do Sul e Sudeste do Pará (UNIFESSPA), Universidade Federal de Roraima (UFRR), Universidade Federal do Acre (UFAC), Universidade do Estado do Amazonas (UEA), and Universidade do Estado do Pará (UEPA).

In the Northeast (20,83%), the Universidade Federal do Rio Grande do Norte (UFRN), Universidade Federal de Pernambuco (UFPE), Universidade Federal da Bahia (UFBA), Universidade de Pernambuco (UPE) and Centro Universitário Tabosa de Almeida (ASCES-UNITA).

In the Center-West Region (12.5%), the course is offered by the Universidade Federal de Mato Grosso (UFMT) and Universidade de Brasília (UNB).

In the Southeast (20,83%), the Universidade Federal de Uberlândia (UFU), Universidade Federal do Rio de Janeiro (UFRJ) Universidade Federal de Minas Gerais (UFMG) Universidade de São Paulo (USP) and Centro Universitário FMABC (FMABC).

In the South (20,83%), the Universidade Federal do Paraná (UFPR), Universidade Federal do Rio Grande do Sul (UFRGS), Universidade Federal da Integração Latino-Americana (UNILA), Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA) and Universidade Estadual do Rio Grande do Sul (UERGS).

Most of the courses are called Bachelor's Degrees in Collective Health, with the exception of 6 courses: Indigenous Collective Health Management, at the Universidade Federal de Roraima (UFRR); Environmental Health Management, at the Centro Universitário FMABC (FMABC); Collective Health in the Universidade de São Paulo (USP); Health Services Management, at the Universidade Federal de Minas Gerais (UFMG); Administration in Health Systems and Services, at the Universidade Estadual do Rio Grande do Sul (UERGS); and Health Management Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA).

With regard to the creation of courses, we noticed a gradual expansion of courses between 2008 and 2019, with the majority of courses following or adjusting to the National Curriculum Guidelines for Undergraduate Courses in Public Health. The course load is equal to or greater than 3,200 hours, with a duration of eight to nine semesters and an average of four years, as well as a predominance of courses with evening hours. Of the 16 courses evaluated by the Ministry of Education (MEC), 43.75% received a rating of 5, which indicates a positive assessment of the quality of teaching offered. No HEI had a score from the National Student Performance Exam (ENADE). The majority of HEIs are public (federal 75% and state 16.66%) except the Centro Universitário Tabosa de Almeida (ASCES-UNITA) in the Northeast and Centro Universitário FMABC (FMABC) in the Southeast, which are private institutions (8.33%).

Based on the analysis of the documents researched, it was found that all the universities provided the pedagogical project, syllabus and/or curriculum matrix. However, at the time of the research, only UFRR's page was unavailable for an indefinite period, and no matter how much effort was put into obtaining them, it was not possible to find any more information about the course. Just over 33% had no record of subjects and/or content on Health Law in the course curriculum. It should be noted that in the North, Pará has three courses, making up 50% of the region's total, and representing one of the Brazilian states with the highest number of undergraduate courses (12.5%) and the only one that offers Health Law content in all its courses and HEIs, although its curricular components do not explicitly mention this name as a subject.

The pedagogical projects of the courses present the profile of the graduates, based on the principles of the SUS. In the case of the courses analyzed, it is possible to interpret from the inferences that the universities have paid attention to the importance of training professionals with skills and competences in line with the SUS. However, biomedical content is still mostly present, while essential health law content is invisible.

The results of the analysis revealed that the inclusion of Health Law content in the pedagogical projects of undergraduate courses in Public Health is limited. Most of the universities analyzed had only one compulsory subject with Health Law content in their curricula, with a workload ranging from 30 to 60 hours, depending on the curriculum of each institution. The analysis also revealed that some universities offer optional subjects related to health law content. In addition, it was observed that this subject is generally present in the last semesters of the courses, which indicates a lower emphasis given to the subject throughout the students' training.

Of the 16 courses that included Health Law content in their graduates' curricula, eight subjects were found with content related to Health Law, including subjects that use the term Health Law in their name and subjects that do not use the term Health Law in their name, but address its related content.

Health Law is being covered in the curricula of Public Health HEIs in a transversal way and in different curricular components. However, there is a predominance of theoretical content compared to practical activities. The related content is offered in different formats (Table 2).

Table 2. Results of the analysis of curricular components in terms of the presence of health law content in the courses analyzed.

Subjects that mention the term Health Law.	Health Law 41.66%
	Interdisciplinary Seminars in Collective Health V with a Focus on Health Law 4.16%
Subjects that deal with issues related to health law, even without explicitly mentioning the term.	Health Legislation 4.16%
	Legislation Applied to Health 4.16%
	Health Law and Legislation 8.33%
	Health Law 4.16%
	Health Auditing and Regulation 4.16%
	Health Regulation and Auditing 8.33%

Source: the authors.

According to the projects analyzed, with regard to health law content, it was found that there is a greater emphasis on theoretical activities than on practical content. Despite the mandatory inclusion of health law content in most courses, some courses offer electives on the subject.

For Alves⁽²⁵⁾, the teaching of health law is indispensable for overcoming the monological tradition of normative studies, as its elements of understanding go beyond positivist texts. In addition, its interdisciplinary nature can help to stimulate the quality of reflection, broaden knowledge and promote the broader and more critical approach needed in this area⁽⁹⁾.

The discussion about the teaching of health law involves the need for an adequate theoretical formulation, given that this field has been consolidated at a time of deconstruction of the scientific basis of law and/or criticism of the supposed “scientificity” of law. The current legal culture has shown itself incapable of responding adequately to its social functions, which is a significant challenge for the teaching and practice of health law⁽²⁶⁾.

The theoretical and dogmatic construction of Health Law must balance individual guarantees and social effectiveness, preventing individual jurisdictional protection from disfiguring the capacity to provide health actions and services. The diversity of aspects related to human subjectivity requires constant revision of the rules in order to guarantee a universal social right⁽²⁰⁾.

In this sense, regarding the discussion and training in Health Law presented in the light of the DCN⁽¹⁷⁾, the main aspects for the formation of curricular content in Health Law, Health Law or Health Legislation in the undergraduate course in Collective Health may include:

1. study of the legal and regulatory bases governing the Unified Health System (SUS) in Brazil, including the Federal Constitution, Organic Health Laws, regulatory standards, and other legal provisions;
2. Understanding of citizens’ rights and duties in relation to health, including access to health services, the guarantee of a universal, equitable and comprehensive health system, and legal protection in public health matters.
3. Critical analysis of health policies, health legislation, public health programs and quality and safety indicators for health services.
4. Knowledge of the ethical and bioethical principles that guide professional practice in the area of Collective Health, including issues of privacy, confidentiality, informed consent, among other aspects.
5. Addressing the legal and ethical responsibilities of health professionals, managers and other actors involved in the health system, with a view to guaranteeing the quality, safety and effectiveness of the services provided to the population.

Despite its strategic importance, the lack of an adequate theoretical formulation, as pointed out by Bisol and Rey Filho⁽²⁶⁾, largely due to the legal dogma itself, requires rigor from the first steps of professional training, avoiding simplifications such as treating the concept of Health Law simply as a “right to health”.

These aspects are fundamental for Collective Health students to understand the legal and normative framework that governs the area of health in Brazil, as well as for them to act in an ethical, responsible and committed manner with the promotion of health and the well-being of the population, but also in order to provide them with the legal-political-sanitary knowledge to understand and act in the field of health law^(20,21,25). Political understanding in the training of health professionals is considered indispensable in the conception constructed by Alves⁽²⁵⁾, given the importance of engaging

in political-social projects such as the SUS. This means that the guarantee of the right to health by the state has and needs to have practical implications in the area of public health.

A serious analysis of Health Law depends on the concept of democratic participation in the context of the regulatory state and how this applies to Brazil with regard to democratic participation in the SUS. As a content or discipline, in addition to addressing the protection of fundamental rights, Health Law explores strategies and mechanisms used by the state to influence social behavior and achieve the objectives of public policies.

This indicates a capacity to articulate and bring together the teaching of Health Law, enhancing transformations in the field of Collective Health and in the structure of society.

The relationship between education and health can contribute to the Brazilian Health Reform by integrating the practices, knowledge and actions of the world of work in Collective Health into everyday teaching. Ceccim and Ferla⁽²⁷⁾ point out that this articulation is fundamental to overcoming the fragmentation between clinical and political, promoting a more holistic and citizen-based approach in the training of health professionals, and the Health Law cannot be separated from this formulation. This can lead to a more integrated and participatory health practice, in line with the principles of the Health Reform.

It's important to bear in mind that the inclusion of Health Law in undergraduate courses in Collective Health also aims to overcome important aspects of the constitution of Collective Health as a field. Collective Health can only call itself "collective" and is only different from "strict sensu" biomedical knowledge because of the social and human sciences that form its basis⁽²⁸⁾. The relevance of Health Law in the training of public health workers acts synergistically to reinforce this social aspect of health, which is the basis of Collective Health. With Health Law, another dimension is expanded in relation to the social and human sciences. Health is no longer seen only as a biological element, but as a fundamental human right, which can be petitioned to court if the state fails to structure health policies to its satisfaction.

According to Santos⁽⁹⁾, the biggest challenges facing university training in Collective Health include the dissociation between the dynamics of higher education and the health needs of the population, the predominance of the focus on the treatment of disease based on specialization and technology, and the insufficiency of a broader approach regulated by the relationship between professionals and users. In addition, there is a need to reorient academic practices and functions towards training that is more connected to the world of life and the necessary transformations.

It is important to consider the link between training, work and the health needs of the population. The traditional hegemonic approach to teaching must be overcome, promoting an approach that includes the epidemiological and social dimension of the process of living and becoming ill, as well as risk prevention and health promotion, in which the Right to Health must be the basis and horizon for action.

It is necessary to question and reorient functions and practices within academic spaces and health services. Change doesn't happen suddenly or just by institutional or legal determination, but is the result of constant discussions and experimentation by groups that reflect on their practices on a daily basis. In view of these results, it is necessary to review the pedagogical projects of undergraduate courses in Public Health, including compulsory subjects related to Health Law with greater comprehensiveness and greater integration of content throughout the course. This will adequately prepare future health professionals to face the legal and ethical challenges related to professional

practice and guaranteeing the right to health for all, capable of transforming the exclusionary and sickening logics present in the health system.

Finally, it is important to consider that the approach to the content of Health Law in different disciplines, while on the one hand can be considered a catalyst for transdisciplinarity⁽²⁹⁾ in undergraduate curricula, on the other hand can lead to the invisibility of its content due to the dispersion of knowledge, and the lack of understanding of specific content, notably the role of legal operators in defending this right.

In this sense, the configuration of Health Law as an autonomous subject has significant advantages. As well as ensuring that Public Health students have access to the particularities of this area, it also reflects the growing inclusion of this field in the job market. One example is the creation by the country's health secretariats of Health Law divisions to deal with the increasingly frequent judicialization of health. Another example that has been occurring, albeit in an incipient way, is the possibility of health professionals being recognized as potential consultants to magistrates on issues related to Health Law⁽³⁰⁾.

Therefore, the inclusion of Health Law as an autonomous subject in undergraduate courses in Collective Health can expand the capacity of these professionals to act in defense of the right to health, strengthening their role in promoting social justice and tackling the complexities of the health system.

Conclusion

The research analyzed the pedagogical projects and curricular matrices of Public Health courses, with the aim of evaluating the Health Law in these degrees. The research objective was achieved by considering the formal analysis of the documents.

The results showed that although Health Law is part of the curriculum at some HEIs, its approach is limited and heterogeneous among Brazilian universities. These results are important for planning and adapting the curricula of Public Health courses, especially with regard to the teaching of Health Law.

In addition, the data presented may encourage discussions and future studies on the subject, with the aim of improving the teaching-learning process and having a positive impact on the training of professionals in the field. It is suggested that further research be carried out in loco to investigate the adaptations and strategies used in the practice of teaching Health Law, in view of the Curricular Guidelines recently approved for Public Health courses in 2022 and the recent regulation of the health profession.

It is essential to deepen the analysis of the constitution of a training proposal aimed at transforming practices and training itself. This implies overcoming the hegemonic ways of doing health and contributing to improving the health conditions of the population, promoting equal access to health as a constitutional right.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contribution

Carnut L contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical revision of its content and approval of the final version. Da Silva BN contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical revision of its content and approval of the final version.

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