

Article


The political dictatorship in Brazil and its impact on the social right to access to health: an analysis from the perspective of redemocratization and the Rawlsian theory of justice

A ditadura política no Brasil e seu impacto no direito social ao acesso à saúde: uma análise sob a perspectiva da redemocratização e da teoria rawlsiana de justiça

La dictadura política en Brasil y su impacto en el derecho social de acceso a la salud: un análisis desde la perspectiva de la redemocratización y la teoría rawlsiana de la justicia

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Abstract

Objective: to analyze the influence of Brazil's redemocratization process on the realization of the right to fair health, based on the concepts of John Rawls and Norman Daniels, through a brief comparison with the Military Dictatorship period. **Methodology:** a bibliographic, exploratory, and evaluative review was conducted using the digital repositories CAPES, SciELO, BVS and ARCA FIOCRUZ, with emphasis on books, scientific articles and dissertation. The descriptors used were: dictatorship; redemocratization; health; justice; John Rawls; Norman Daniels. **Results:** Rawls's theory of justice, especially his treatment of the difference principle, and Daniels's proposal on distributive justice applied to health provide robust theoretical foundations capable of supporting and guiding the development of equitable public policies. **Conclusion:** the research showed that Brazil's redemocratization strengthened fundamental social rights, especially the right to health, aligning it more closely with effective justice according to the concepts of John Rawls and Norman Daniels.

Keywords: Health; Social justice; Constitution.

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Resumo

Objetivo: analisar a influência do processo de redemocratização no Brasil, para a efetivação do direito à saúde justa, partindo do conceito de John Rawls e Norman Daniels, por meio de um breve paralelo com o período da Ditadura Militar. **Metodologia:** realizou-se revisão bibliográfica, exploratória e avaliativa, nos repositórios digitais da Capes, SciELO, BVS e ARCA Fiocruz, com ênfase em livros, artigos científicos e dissertação. Foram utilizados os descritores: ditadura; redemocratização; saúde; justiça; John Rawls; Norman Daniels. **Resultados:** a teoria de justiça de Rawls, especialmente ao tratar do princípio da diferença, e a proposta de Daniels, sobre justiça distributiva aplicada à saúde, oferecem fundamentos teóricos robustos capazes de sustentar e orientar a elaboração de políticas públicas equitativas. **Conclusão:** a pesquisa evidenciou que a redemocratização do Brasil fortaleceu os direitos sociais fundamentais, notadamente o direito à saúde, aproximando-o de uma justiça efetiva conforme os conceitos de John Rawls e Norman Daniels.

Palavras-chave: Saúde; Justiça social; Constituição.

Resumen

Objetivo: analizar la influencia del proceso de redemocratización en Brasil en la efectividad del derecho a una salud justa, a partir del concepto de John Rawls y Norman Daniels, mediante un breve paralelo con el período de la Dictadura Militar. **Metodología:** se realizó una revisión bibliográfica, exploratoria y evaluativa, con búsqueda en los repositorios digitales Capes, SciELO, BVS y ARCA Fiocruz, con énfasis en libros, artículos científicos y disertación. Se utilizaron los descriptores: dictadura; redemocratización; salud; justicia; John Rawls; Norman Daniels. **Resultados:** la teoría de la justicia de Rawls, especialmente al tratar el principio de la diferencia, y la propuesta de Daniels sobre justicia distributiva aplicada a la salud ofrecen fundamentos teóricos sólidos capaces de sustentar y orientar la elaboración de políticas públicas equitativas. **Conclusión:** la investigación evidenció que la redemocratización de Brasil fortaleció los derechos sociales fundamentales, especialmente el derecho a la salud, acercándolo a una justicia efectiva según los conceptos de John Rawls y Norman Daniels.

Palabras clave: Salud; Justicia social; Constitución.

Introduction

During the period of the Military Dictatorship, which lasted from 1964 to 1985, Brazil was marked by a time of profound social and political transformations, which had a significant impact on public policies, especially in the area of health. During this regime, health care was marked by predominantly curative medicine, linked to the welfare system and neglecting collective health actions⁽¹⁾.

This model of health care deepened inequalities and established a hybrid model based on public-private, in which the private sector was boosted because it was often financed by public funds⁽¹⁾. In this sense, the centralization of decisions, the exclusion of sectors of the population and the fragmentation of the system have created a scenario of limited and unequal access to health care, markedly distant from the ideal of social justice.

In opposition to this exclusionary model and as an intrinsic aspect of the struggle for redemocratization, the Health Reform Movement emerged in the 1970s, made up of health professionals, intellectuals/academics, trade unionists and sectors of civil society, who advocated a transformation in the conception and organization of health in the country⁽²⁾. Thus, the 8th National Health Conference, held in 1986, established an essential milestone for the consolidation of the conceptual and political bases that would culminate in the subsequent creation of the Unified Health System (SUS)⁽³⁾.

Given this context, it can be said that the transition from authoritarian rule to democracy represented a crucial moment for redefining the right to health in Brazil⁽¹⁾. Despite this, as a legacy of the previous care model, which focused on hospital care, and the institutionalization of the interests of service providers and private health plans, the SUS faced, and still faces, challenges to its consolidation⁽¹⁾.

It is therefore extremely important to analyze this historical process - which intertwines authoritarianism, democratization and the fight for social rights - from the perspective of the theory of justice proposed by John Rawls and applied to health by Norman Daniels. The Rawlsian theory of justice, with its focus on equity and the guarantee of fair opportunities, makes it possible to assess the extent to which re-democratization and the creation of the SUS have contributed to the realization of a right to health that is fair and capable of overcoming the inequities of the dictatorial period⁽⁴⁾.

The concept was extended to the field of health by Norman Daniels, who argued that justice requires an equitable distribution of the social determinants of health, guaranteeing equal access to opportunities that promote a healthy life⁽⁵⁾.

In this context, this research is justified by the need to deepen our understanding of the impact of the authoritarian legacy and the process of re-democratization on the configuration of the social right to health in the country. The aim is to analyze the influence of the redemocratization process in Brazil on the realization of the right to fair health, based on the concepts of John Rawls and Norman Daniels, through a brief parallel with the period of the Military Dictatorship.

Methodology

The methodology adopted in this study is based on a qualitative approach, with a bibliographical, exploratory and evaluative review⁽⁶⁾. The exploratory approach aimed to map the knowledge already published on the intersection between the Military Dictatorship, the Brazilian process of re-democratization, the social right to health and John Rawls' theory of justice, applied to health by Norman Daniels⁽⁵⁾. At this point, the evaluative nature came into play so that the analysis was not restricted to a mere description or synthesis of the sources, but involved a critical interpretative examination of the articles selected. The data analysis procedures followed a critical and interpretative approach, seeking to correlate the impact of re-democratization with the principles of distributive justice proposed by the authors.

The sample consisted of academic and documentary literature related to the topic, selected using criteria based on: (I) scientific articles, books, book chapters and dissertations; (II) works that addressed the connection between the Military Dictatorship and redemocratization or the Military Dictatorship and health policies; (III) studies discussing health from the perspective of Rawls or Daniels, with regard to social justice. The comparison of perspectives and the synthesis of information were used to build a critical overview of the state of the art, positioning this article in relation to the knowledge already published⁽⁶⁾.

The research subjects are the main authors and theoreticians who have contributed to the debate on social justice and the right to health, especially Rawls and Daniels. Secondary sources were used as data collection tools, including books, scientific articles indexed in the Qualis A and B strata and academic work, available on the Portal of Periodicals of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes), the *Scientific Electronic Library Online* (SciELO), the Biblioteca e no Virtual em Saúde (BVS) and the ARCA the Fundação Oswaldo Cruz (Fiocruz).

To filter the publications, the following descriptors were used in Portuguese, English and Spanish, combined with Boolean operators (AND, OR): Military Dictatorship; military regime; right to health; health policy; redemocratization; social justice; equity; John Rawls and Norman Daniels.

The search did not set a strict initial time limit due to the very historical nature of the object of research (the Military Dictatorship which began in 1964), but prioritized publications from the last twenty years (2004-2025) in order to ensure that the discussions were up-to-date. More than 809 publications on the subject were identified, but a total of 24 were selected for analysis, as shown in Box 1.

Box 1. Publications selected for analysis

Nº	Publication	Author	Year Type of publication	Type of publication	Type of study	Main results
1	When new characters entered the scene: experiences, speeches and struggles of workers in Greater São Paulo, 1970-80 ⁽¹²⁾	Sader E	1988	Book	Socio-political study	An account of social mobilization during the pre-redemocratization period.
2	A theory of justice ⁽⁴⁾	Rawls J	2000	Book	Philosophical theory	Foundations of justice as equity and the principle of difference.
3	From lack of effectiveness to excessive judicialization: the right to health, the free supply of medicines and parameters for judicial action ⁽¹⁶⁾	Barroso LR	2007	Scientific article	Legal study	Reflection on the judicialization of health in Brazil after the 1988 Constitution.
4	History of the concept of health ⁽¹⁵⁾	Scliar M	2007	Scientific article	Conceptual review	Historical evolution of the concept of health.
5	Just health: meeting health needs fairly ⁽⁵⁾	Daniels N	2008	Book	Applied philosophical theory	Applying Rawls' theory to the field of health as a social right.
6	The Brazilian Health Reform and the Unified Health System: dialoguing	Paim JS	2008	Scientific article	Historical and analytical review	Systematization of the advances and challenges of the SUS in the

	with competing hypotheses ⁽⁹⁾					democratic context.
7	Health, justice, rights ⁽²⁶⁾	Añón LC	2009	Book	Legal-philosophical study	Discussion on the right to health as a social right.
8	Going beyond judicialization: the Public Prosecutor's Office and health in Brazil ⁽²⁰⁾	Asensi FD	2010	Book	Legal study	Critical analysis of the role of the Public Prosecutor's Office in health.
9	Public justification: the function of the idea of the basic structure of society in Rawls ⁽²¹⁾	Silveira DC	2011	Scientific article	Theoretical study	Analysis of the basic structure of society according to Rawls.
10	History of health policies in Brazil from 1964 to 1990: from the military coup to the Health Reform ⁽²⁾	Escorel S	2012	Book chapter	Historical-critical study	Exposure of the course of health policies between the military regime and redemocratization.
11	The constitutionalization of the right to health and its realization through the application of constitutional norms ⁽¹⁹⁾	Nelson RAR, Pereira FS	2012	Scientific article	Legal study	Approach to the incorporation of the right to health in the 1988 Constitution.
12	Health Reform and the creation of the Unified Health System: notes on contexts and authors ⁽⁸⁾	Paiva CHA, Teixeira LA	2014	Scientific article	Historical study	Discussion on the trajectory of the creation of the SUS from the process of re-democratization.
13	Universality of the right to health ⁽²²⁾	Ramos EMB	2014	Book	Theoretical study	Discussion on universality as a constitutional principle of the SUS.
14	Right to health and judicialization: an analysis of the role of the National Council of Justice in improving judicial provision in health claims ⁽¹⁷⁾	Diniz IM	2015	Dissertation	Documentary analysis	Investigation into the actions of the CNJ in relation to the judicialization of health.

15	The Brazilian Health Reform Movement: a civilizing project of alternative globalization and the construction of a post-abyssal way of thinking ⁽¹³⁾	Souto LRF, Oliveira MHB	2016	Scientific article	Theoretical-political study	Discussion of the health movement as a civilizing project.
16	The right to health and the idea of social protection in the 1988 Federal Constitution: initial notes ⁽¹⁸⁾	Ramos BEM, Diniz IM	2017	Scientific article	Theoretical and legal study	Analysis of the right to health as an element of social protection.
17	The right to health in the context of justice as equity: limits and possibilities of social justice in the extension of social rights in Rawls ⁽²⁵⁾	Silva D, Ramos E, Diniz I	2017	Scientific article	Theoretical study	Limits and possibilities of social justice in the context of health.
18	John Rawls' and Norman Daniels' theories of justice applied to health ⁽²⁴⁾	Paranhos DGAM, Matias EA, Monsore N, Garrafa V	2018	Scientific article	Theoretical review	Applying the theories of Rawls and Daniels to the context of public health.
19	The Brazilian Health Reform and the nature of the State: critical notes on the agrarian question ⁽⁷⁾	Alves DFA, Carnut L, Mendes A	2019	Scientific article	Critical-reflexive study	Analysis of the structural bases of the SUS from the perspective of the Health Reform.
20	Bibliographic review methods in scientific studies ⁽⁶⁾	Cavalcante LTC, Oliveira AAS	2020	Scientific article	Methodological	Discussion of the main review methods used in academic research.
21	Health reform and the state of São Paulo 1970-1980: regional particularities and the training of its workers ⁽¹¹⁾	Mota A, Marques MCC, Brasileiro DF	2021	Scientific article	Regional case study	Analysis of the specificities of the Health Reform in the state of São Paulo.
22	Why do we judicialize? A brief	Almeida NMO,	2022	Book chapter	Theoretical analysis	Study on the impact of

	theoretical analysis of the redemocratization of the 1988 Brazilian Constitution as an influencing factor in the judicialization of the fundamental right to health ⁽¹⁰⁾	Gamba CO, Veloso RC				redemocratization on the judicialization of the right to health.
23	A well-ordered society and the idea of justice as equity in John Rawls ⁽²³⁾	Almeida NMO, Madureira AS, Ramos EMB, et al.	2022	Scientific article	Theoretical study	Approach to Rawls' theory of a well-ordered society.
24	Health care under the military government (1964-1985) and its legacy for the SUS: the public-private hybrid ⁽¹⁾	Menicucci T	2024	Scientific article	Historical-documentary study	Analysis of the formation of the hybrid public-private health model during the dictatorship and its effects on the SUS.

Source: Own elaboration

Results and discussion

Dictatorial context and Brazilian re-democratization

The military dictatorship in Brazil was a period of extreme authoritarianism when it came to formulating and implementing public policies related to health. This was because the health model adopted was linked to formal work, as well as to hierarchical social and economic structures, making it a social security contribution rather than a universal right. Access to health care was the result of a social security contribution, disregarding the unemployed, informal workers and indigenous peoples, since they were not part of the social security system, reinforcing the selective, clientelist, unequal and authoritarian nature that characterized this period⁽⁷⁾.

The welfare structure adopted during the military dictatorship was anchored by the National Social Security Institute (INPS) and, later, by the National Social Security Medical Assistance Institute (INAMPS), with the centralization of health resources and the promotion of agreements with the private sector⁽⁸⁾. However, the lack of supervision, coupled with the distribution of public resources to private clinics and hospitals, resulted in the concentration of services in large urban centers to the detriment of outlying and rural regions⁽⁸⁾.

The system adopted did not prioritize health promotion and was based on remuneration for medical procedures performed, intensifying the segmentation of the system and neglecting the real health needs of the population⁽⁹⁾. During this period, a model based on the idea of medicalization was adopted, with an emphasis on curative actions to the detriment of preventive ones, marked by

authoritarianism, a restrictive model and various structural problems, resulting in high mortality rates and a high level of infectious and parasitic diseases⁽¹⁰⁾.

The marginalization of the Ministry of Health in the decision-making process of public policies intensified this scenario, limiting it to specific actions, such as health campaigns and combating endemic diseases, with INAMPS in charge of the urban health system⁽⁸⁾. Despite this context, there were occasional advances within the state structure itself, such as the implementation of the Program for the Interiorization of Health and Sanitation Actions (PIASS), which sought to expand the coverage of services in the interior of the country, combining health and basic sanitation actions. PIASS represented an administrative innovation aimed at regionalizing management and strengthening prevention⁽¹¹⁾.

Public universities, such as the Universidade de São Paulo (USP) and the Universidade Federal da Bahia (UFBA), began to incorporate debates from preventive medicine and social criticism into biomedical training. There was an effort by universities to introduce public health content, social epidemiology and community practices into medical curricula. As a result of these efforts, elective courses, university extension centers and internship programs in favelas and suburbs emerged, connecting students to the concrete reality of the poor population and to popular health initiatives⁽¹¹⁾.

Community resistance movements also emerged, such as the Popular Health Commissions (CPS), organized on the outskirts of Greater São Paulo, which denounced state neglect and proposed local solutions through the creation of community councils, participatory diagnoses and systematic demands for resources⁽¹²⁾. The idea of Health Reform began to take shape during this period, as a result of a combination of technical and critical social knowledge based on popular practices⁽¹³⁾.

The health movement that consolidated itself in the 1980s had its roots in active resistance to the dictatorship's health model. This is because the advance of counter-hegemonic health thinking took place through the production of new knowledge, the occupation of institutional spaces and the formulation of an alternative national project, centered on equity and universality⁽⁹⁾.

This movement arose from criticism of the social security model that prevailed under the authoritarian regime, based on restricted access to formal workers and the massive transfer of resources to the private sector⁽⁸⁾. Its ability to influence institutional spaces was demonstrated especially at the 8th National Health Conference, held in 1986, considered the institutional and political milestone of the reform process, which formulated the guidelines on which the SUS would be based.

Considering the traumatic period resulting from the dictatorial context, the process of re-democratization of Brazil began, through the political opening negotiated between the military and the civilian political elite, which resulted in the convening of the National Constituent Assembly to draft and approve a new Constitution⁽¹⁰⁾. As a result, fundamental social rights only came to the fore with the advent of the 1988 Constitution, which listed various rights and guarantees in the post-dictatorship period⁽¹⁴⁾.

It should be noted that health differs significantly from social security. The first term is characterized by its universal access character, being the right of all and the duty of the state to guarantee it through "social and economic policies, aiming to reduce the risk of disease and other illnesses and aiming at universal and equal access to actions and services for their promotion, protection and recovery"⁽¹⁴⁾ (p. 119). The second term has a contributory and social assistance nature⁽¹⁴⁾.

The debate for a single, decentralized health system, with public funding and social control, demonstrated a clear interest in breaking with the previous model, consolidating the notion of health as the result of social, economic and cultural conditions⁽⁹⁾. The proposal was taken to the National Constituent Assembly of 1987/1988, with parliamentarians, civil society organizations, intellectuals and managers working to formulate amendments that allowed the principles of Health Reform to be included in the constitutional text⁽⁷⁾.

As a result, the state took on the role of maintaining health, seeking to guarantee a state of complete physical, mental and social well-being for those governed, and not just ensuring a state of absence of illness, once the concept had been surpassed⁽¹⁵⁾. In this sense, it is important to note that, as a result of re-democratization, the national debate on the universalization of public health services intensified, given that, under the new Constitution, the provision of public health services would not be restricted to workers in the formal market, but to all Brazilians, regardless of their employment relationship⁽¹⁶⁾.

It should be noted at this point that, as a result of these transformations, it is possible to see that health has come to be related to people's way of life, requiring a number of other issues in order to be effective, such as: hygienic and dignified housing; rest, leisure and safety; and the quality of the environment⁽¹⁷⁾. The 1988 Constitution brought in an institutionalized concept of health, incorporating the understanding defended by the World Health Organization (WHO).

In this sense, the SUS was implemented, creating different institutions, actors and advocates, and gradually reshaping the political arena of health, making the right to universal health a reality⁽¹⁾. From this point of view, health has come to be understood as more than a state of absence of illness or disease, encompassing the general situation of the individual, with a focus on social determinants⁽¹⁸⁾.

Therefore, the need to have a good quality of life in order to enjoy health is clear, and states of poverty and exclusion are factors that hinder access to this right. This Constitution not only brought about political transformations, but also brought about internal changes in citizens, so that they identified themselves as subjects with rights and worthy of state protection under the Major Law⁽¹⁹⁾.

At the same time, health came to include the guarantee, through social and economic policies, of reducing the risk of disease, overcoming the biological understanding that, until then, prioritized the prevention and treatment of contagious diseases. This concept would not be limited to man and his physical and biological aspects, but would also encompass man and his social environment, being linked to "people's way of life"⁽¹⁸⁾. It is a right of immediate applicability; because of this, discussions have begun not only about its relevance, but also about the most appropriate way to implement it effectively.

Health is an individual, social and participatory right⁽²⁰⁾. In other words, it refers to a right that belongs to each individual and cannot be violated by the state; it concerns the public sphere and should be the subject of social policies; and it presupposes the active participation of the population⁽²⁰⁾ and its importance is unquestionable. It is therefore indisputable that there is a distinction between the way health was treated during the dictatorship and after - it ceased to be considered a lucrative business and became, in fact, a right.

The consolidation of the right to fair health

As can be seen from the previous analysis of the concept of health, its fundamental role in relation to the development of individuals within the social structure remains to be seen. As it is everyone's

right, failure to make it a reality can have an impact on each citizen's life plan, especially their opportunities, which is why it is essential to guarantee it. More than a right, access to health is linked to the notion of justice.

In order to analyze this aspect, this article has established John Rawls' theory of justice as its theoretical framework⁽⁴⁾ applied to health through Norman Daniels⁽⁵⁾. For Rawls⁽⁴⁾ justice is the first virtue of social institutions; because of this, laws and institutions must be reformed or abolished whenever they are unjust, even when they are efficient and well-organized. The logic behind this is that each person has an inviolability based on justice that not even the well-being of society as a whole can ignore.

In this way, this ideal of justice denies the possibility of justifying the loss of some people's freedom for the sake of a greater good shared by others. Rawls⁽⁴⁾ emphasizes that it is not permissible for sacrifices imposed on a few to be worth less than the greater total of advantages enjoyed by many. Based on this notion of justice, the author establishes that society "will typically be marked by identity of interests", because "social cooperation makes it possible for everyone to have a better life than any of the members would have if they were each depending on their own efforts"⁽⁴⁾ (p. 4-5).

Rawls also highlights issues related to conflicts of interest, since people do not differ in relation to the distribution of the greater benefits produced by mutual collaboration, preferring to pursue their own ends with greater participation, aiming for more favorable results⁽⁴⁾. It is in this sense that the author of the theory of justice begins to demand a set of principles capable of making it possible to choose between the various forms of social order, the so-called principles of social justice. The hypothetical social contract is established, which gives rise to the transfer of fairness from circumstances to accepted principles, exposing procedural justice at its highest level⁽²¹⁾.

This basic structure is the primary object of justice, since its effects are profound and present from the beginning⁽⁴⁾. It is made up of different social positions and men born into different conditions who have different expectations - determined by the political system and economic and social circumstances. Therefore, this structure is made up of profound inequalities, which directly affect all the possibilities of life for human beings, which justifies the need to apply the principles advocated by Rawls⁽⁴⁾ as they are supposedly inevitable in the structure of a society.

Considering that justice in a society depends on the attribution of fundamental rights and duties, as well as economic opportunities and social conditions, Rawls⁽⁴⁾ defends the guiding idea that the principles of justice come from an original consensus. This is because, considering these principles, free and rational people, who seek to promote their own interests, would place themselves in a position of equality as a means of defining the fundamental terms of their association. From this, it would be possible to achieve justice as equity, in the following terms:

We should imagine that those who commit themselves to social cooperation choose together, in a joint action, the principles that should assign basic rights and duties and determine the division of social benefits. Men must decide beforehand how they should regulate their mutual claims and what the constitutional charter of their society should be. Just as each person must decide with the use of reason what constitutes their good, that is, the system of ends that, according to their reason, they should pursue, so a group of people must decide once and for all what is to be considered just and unjust among them. The choice that rational men would make in this hypothetical situation of equitable freedom, assuming for the moment that this problem of choice has a solution, determines the principles of justice.⁽⁴⁾ (p. 12-13)

It is therefore possible to see that Rawls⁽⁴⁾ establishes a hypothetical situation characterized by leading to a certain conception of justice, essentially defined by the fact that no one is aware of their position within society, unaware of their fate in the distribution of gifts, natural abilities, intelligence and similar factors. It is no coincidence that the author stresses that, in the construction of this conception, the principles would be chosen from the veil of ignorance, whose main idea is “to establish a fair process, so that any accepted principles are fair”⁽⁴⁾ (p.146).

In other words, through the veil of ignorance, no one would be able to be favored or disfavored in the choice of principles, since everyone would be subjected to a similar situation, that is, without the possibility of designating particular favoritism. Thus, “the most appropriate principles of justice for a distribution of primary goods would be decided, understood as the conditions and means necessary to rationally pursue and promote particular conceptions of the good”⁽²²⁾ (p. 167).

Any fact capable of generating disparity between individuals would then be unknown, with the possibility of building a society that is structured to promote the good of its members, regulated by a common conception of justice, characterizing an organized society⁽⁴⁾. From this point of view of a just society, it is considered that “the rights guaranteed by justice are not subject to negotiation [...] so that the full freedom of each individual must be guaranteed equally”⁽²³⁾ (p. 58433).

However, in order to achieve this, “institutions must guarantee everyone an equal chance of realizing their plans”⁽²³⁾ (p. 58437) avoiding privileges based on talent, ability or any other requirement. Specifically in relation to the right to health, the subject of this article, one must consider the existence of rights that cannot be taken away or suppressed by the public interest, a fact reinforced by Rawls' theory⁽⁴⁾. From this perspective, the basic structure should allow for organizational and economic inequalities as long as it improves the situation of everyone, even the less privileged, making these inequalities compatible with equal freedom and equal freedom of opportunity⁽⁴⁾.

However, even though he shies away from scrutinizing the scope of natural goods, when he includes health care services as a social good⁽⁴⁾ Rawls defends the idea that “institutions should protect health in order to safeguard the range of freedoms that his theory defends, as well as the opportunities that people should have”⁽²⁴⁾ (p.1007) It is at this point that Daniels⁽⁵⁾ starts his theory, since, for him, the Rawlsian theory of justice has the necessary elements to establish an equitable distribution of health.

In this context, Paranhos *et al.*⁽²⁴⁾ (p. 1007) explain that “health care has the moral role of guaranteeing it and thus protecting people's freedoms and life opportunities”. Thus, in Daniels' view, health is a valuable good for all individuals, regardless of their conceptions of the good or their preferences, because health influences the realization of rational life plans⁽²⁵⁾ being added among the primary goods characterized by Rawls; otherwise see:

“Maintaining normal functioning by meeting health needs, including providing health care, has a particular and limited effect on individuals' shares of the normal range. It lets them enjoy that portion of the range to which their skills and talents would give them access, assuming that these too are not impaired by special social disadvantages. It does not presume that we should eliminate or level natural individual differences, which act as a baseline constraint on individuals' enjoyment of the normal range. Where, however, differences in talent and skills are the result of pathology, not merely normal variation, we should make, resources permitting, some effort to correct for the effects of the 'natural lottery’.”⁽⁵⁾ (p. 45)

It should be noted that several important aspects of justice as equity have been preserved with this extension to health brought by Daniels. For the author, justice and equity refer to goods that are not equally distributed⁽⁵⁾. For this reason, when Rawls talks about education⁽⁴⁾ it is entirely possible to adapt the theory to health issues. Furthermore, there is a level of abstraction through which health needs are defined, allowing the use of the artifice of a normal range of opportunities to have the effect of imposing a veil of ignorance that provides the necessary access to essential information to guide decision-making in terms of health.

Finally, Daniels⁽⁵⁾ also reinforces that maintaining health institutions and systems under the aspect of opportunity is a way of keeping the approach as close as possible to the theory, including, among the institutions that guarantee equal opportunities, those that provide health care. In general, the author maintains that, from the perspective of Rawls' theory, one can simply add health care to the list of primary goods, since health restricts the range of opportunities for individuals⁽²⁶⁾.

Therefore, it is clear that both Rawls⁽⁴⁾ and Daniels⁽⁵⁾ highlight health as a right that needs to be guaranteed, especially because of its strong influence on the range of opportunities available to each individual. It should be noted that, given the obstacles that affect the abilities of these individuals, health protection is justified as an obligation of institutions. It is in this sense that the guarantee of social rights, which were tarnished during the dictatorship, stands out. Redemocratization then played a crucial role in highlighting the indispensability of social rights, especially fair access to health.

Conclusion

Far from proposing definitive conclusions on such a complex subject, in the light of the reflections proposed in this work, it has become clear that the re-democratization of Brazil played an important role in reconfiguring the political and social scenario and, notably, in consolidating fundamental social rights. The retrospective of the period of military dictatorship and its comparison with the advances of the democratic context highlight a significant narrative of transformation and consolidation of rights.

Through this explanation, the aim was to contribute to the debate on the contemporary challenges facing public health in Brazil and to reinforce the ongoing search for a system capable of truly guaranteeing the right to health as the foundation of social justice. In this sense, based on the concepts of justice established by John Rawls and Norman Daniels, it was possible to understand redemocratization as an important catalyst for strengthening constitutional social rights. This is because it became clear that there was a need for justice based on equity, capable of guaranteeing equal opportunities for all.

In this way, it can be emphasized that redemocratization, beyond a political transition, translated into a commitment to building an egalitarian society, with repercussions on institutional transformations and real health policies to reduce social disparities. As a result, the new democratic ideals provided an environment for the Health Reform, consolidating structural changes in the Brazilian health system.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contribution

De Almeida NMO contributed to the conception/design of the article, data analysis and interpretation and writing of the article. Da Costa LAO contributed to the conception/design of the article and writing of the article. Ramos EMB contributed to the critical review of its content and approval of the final version.

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