

## PHARMACEUTICAL POLICY AS A RIGHT AND AS A SERVICE: REFLECTIONS ON POPULATION TRUST.

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In July 2018, during a visit to Canterbury Cathedral (England), we were surprised by the call of the parish priest for all the visitors to join a celebration. Imagining being a religious theme, what's was surprising to hear "Today, July 5, the National Health Service (NHS) turns 70. This is a special date for our people and an opportunity to celebrate one of the nation's most important institutions. We invite everyone to pray and thank the vital role played by the NHS in our lives, and to acknowledge and thank the outstanding NHS professionals - the role of doctors, nurses, pharmacists - who are there to guide us, provide support and care on day by day...". Thus it is clear that the NHS for the English is both a popular institution and a sacred one.

Immediately, this situation led us to the reflect on trust as a fundamental element in the health area. All that week we had been at the University of Kent working on projects involving this concept. Calnan has been exploring the theme Trust in Health Care for a number of years. Trust is a multilayered concept: it has a "cognitive element (based on rational and instrumental judgments) and an affective dimension (based on affective relationships and bonds) generated by interaction, empathy and identification with others." Trust has been characterized by a part in which those who trust have positive expectations about the competence, knowledge and skills of the other party (the professional or an institution) to do a good job and be able to engage their best interests and with charity, impartiality and justice. (Calnan and Rowe, 2008). Trust is a common way of bridging uncertainty which is particularly important in the context of healthcare which is believed to be characterised by unpredictability and uncertainty leaving patients vulnerable and reliant on professional expertise (Brown and Calnan 2012). From the patient's point of view trust is very much used as a marker of quality of care and can influence consultation behavior, disclosure and communication of information and adherence to clinical advice and treatment (Calnan and Rowe, 2008)

Blind trust or assumed trust has been superseded by conditional trust which is similar to the notion of acquired trust or a more reflective form of trust suggested by Giddens (1990), who is seen as a product of high or late modernity. For Gilson (2003), having a reliable health system that has the trust of society contributes to fostering its social value and social order. Public trust in the health system as an institution can also influence the extent to which the health system is seen as legitimate and can also influences acceptance and participation in it. Specific organizational benefits that can derive from trust as a form of social capital include reduced costs and increased efficiency (Calnan and Rowe, 2008)

To establish the legitimacy of State action, it is necessary to build trust in the State and its institutions, recognizing that trust can not be taken for granted, but must be actively produced and negotiated (Giddens, 1990).

In the same period, we were organizing a series of Regional Preparatory Meetings for the 8th National Symposium on Science, Technology and Pharmaceutical Policy and for the 16th National Conference of Health, in a partnership between the National School of Pharmacists, FIOCRUZ and the National Health Council. The challenge was, precisely, to mobilize society for the debate of public policies, particularly the National Pharmaceutical Policy. And the question has arisen: does society rely on the pharmaceutical services it receives?

Recently, the National Survey on Access and Rational Use of Medicines (PNAUM) has shown, in numbers, important advances in access to medicines in Brazil. According to the study, 94.3% of Brazilians with some of the chronic diseases surveyed by PNAUM, and who had a prescription for medication to control the disease, had access to and used the prescribed medication. Of the Brazilians with chronic diseases, 47.5% obtained all the medicines they needed for free. When only hypertensive patients were analyzed, 72.0% of them received the medicines in SUS or Popular Pharmacy, and only 25.7% of hypertensive Brazilians paid for the drug (Bermudez; Barros 2016).

These results corroborate the evidence from the Participatory Evaluation of the 10 Years of the National Pharmaceutical Policy which found in 2014 that the perception of health professionals and patients

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was that access to medicines and pharmaceutical services in Brazil have increased significantly. Legal and normative frameworks were consolidated, giving structure to develop pharmaceutical services in the context of the health policy. However, there are also perceptions of barriers to access to medicines (mainly in the north and northeast regions) and deficiencies in the management of pharmaceutical care, especially at the municipal level. Concerns about the political and economic sustainability of public policies were also highlighted in the evaluation (Faraco et al, 2017).

Reviewing evidence from studies published in the last years of the Research Group on Pharmaceutical Policies and Services of UFSC on trajectories and experiences of patients in access to high-priced drugs (via the Specialized Component of Pharmaceutical Assistance or through the litigation process), and reconsidering them now in the perspective of trust in the health system, we can find a cruel picture of pilgrimages, humiliation, anguishes, and the understanding that in certain circumstances, access to medicines is a favor, not a right (Leite, Mafra 2010). In others, there is the perception that “they [the government] put difficult procedures, so that the person gives up and does not continue” (Carvalho, Leite 2014), that drugs are not lacking, but that there is too much bureaucracy preventing access to medicines (Rover et al 2016a ; 2016b).

We are experiencing in Brazil at the same time, the great development of pharmaceutical services, both in public and private institutions. For some of these services, there is already scientific evidence of positive health outcomes and patients satisfaction. Undoubtedly, this is an important move for the population to have a reference to the greater development of trust in the pharmaceutical professional and in the institutions (health units, pharmacies) as legitimate health services of greater social value. However, there seems to be a hyper-estimation of the capacity to obtain impactful and sustainable health outcomes from specific and isolated pharmaceutical services (not integrated in health care process). The risk we face in this case is that we have a negative impact on people’s conditional trust in pharmaceutical services and professionals.

In any case, the legitimacy and valuation of pharmaceutical policy as a right of people and a legitimate social good is defined by access to pharmaceutical products and services as a continuous whole. This complete access configuration is capable of developing for people the assurance that they will have appropriate treatment for their health problems and that they can rely on this health sector - both in the quality and effectiveness of the products and in the ability to obtain them and also the services that will be offered with the medicines.

We are living, therefore, a period of great relevance for our sector. In 2019 we will hold the 16th National Health Conference - and the municipal stages and thematic meetings are already beginning to take shape. The results of the Preparatory Meetings and the 8th National Symposium on Science, Technology and Pharmaceutical Policy (held in December 2018 at FIOCRUZ’s headquarters in Manguinhos) are already available through the Rio de Janeiro Charter (FIOCRUZ, 2018 and should guide our participation in the stages of the Conference, leading the debate on pharmaceutical policy and practices and the role of pharmacists and pharmacies to society as a whole. It is time for us to engage in the defense of the right of people to pharmacy - from product to services, and build? the relationship of trust with Brazilian society.

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