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EQUITY IN HEALTH AND JUSTICE: A LOOK AT THE BRAZILIAN UNIFIED HEALTH SYSTEM (SUS) FROM THE PERSPECTIVE OF JOHN RAWLS

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Abstract: This study addresses the issue of equity in health and justice from the perspective of public health bioethics, describing the Brazilian Unified Health System (SUS), equating legitimate interests for essential goods, such as health. The conception of John Rawls' theory of justice is "justice as fairness" and has a seventeenth century contractualism tenor. Although it was not conceived specifically for health and marked by the "difference principle", it promoted, in the field of health care, the institution of health systems created on the basis of universal access and equity in the distribution of scarce resources. The principles of the Brazilian Unified Health System (SUS) guarantee access to all levels of care, equality in health care, without distinctions or privileges of any kind, integrity in health care, free of charge, community participation and decentralization, regionalization and hierarchization of health actions and services, which gives the SUS a strong Rawlsian bias. The Brazilian model was built on the principle that health is a right of all and a duty of the State, therefore, it is based on the assumption of universal and equal access to health actions and services for its promotion and recovery.

Keywords: equity, vulnerability, bioethics, public health, social justice, unified health system.

Equidad en salud y justicia: una mirada al Sistema Único de Salud (SUS) brasileño desde la perspectiva de John Rawls

Resumen: Este estudio aborda el tema equidad en salud y justicia desde la perspectiva de la bioética de la salud pública, describiendo el Sistema Único de Salud (SUS) brasileño, equiparando intereses legítimos por los bienes esenciales, como la salud. La concepción de la teoría de justicia de John Rawls es la "justicia como equidad" y tiene un tenor de contractualismo del siglo XVII. Aunque no fue concebida específicamente para la salud y marcada por el "principio de la diferencia", impulsó, en el ámbito de la atención sanitaria, la institución de sistemas de salud creados sobre la base del acceso universal y la equidad en la distribución de recursos escasos. Los principios del Sistema Único de Salud (SUS) brasileño garantizan el acceso para todos los niveles asistenciales, igualdad en la atención a la salud, sin distinciones ni privilegios de ningún tipo, integridad en la asistencia a la salud, gratuidad, participación comunitaria y una descentralización, regionalización y jerarquización de las acciones y servicios de salud, lo que da al SUS un fuerte sesgo rawlsiano. El modelo brasileño se construyó sobre el principio de que la salud es un derecho de todos y un deber del Estado, por lo tanto, se basa en el supuesto del acceso universal e igualitario a las acciones y servicios de salud para su promoción y recuperación.

Palabras clave: equidad, vulnerabilidad, bioética, salud pública, justicia social, sistema unificado de salud

Equidade em saúde e justiça: um olhar sobre o Sistema Único de Saúde (SUS) sob a perspectiva de John Rawls

Resumo: Este estudo aborda a questão da equidade em saúde e da justiça sob a perspectiva da bioética da saúde pública, descrevendo o Sistema Único de Saúde (SUS), equiparando interesses legítimos para bens essenciais, como a saúde. A concepção da teoria da justiça de John Rawls é "justiça como equidade" e tem um teor contratualista do século XVII. Embora não tenha sido concebida especificamente para a saúde e marcada pelo "princípio da diferença", ela promoveu, no campo da assistência à saúde, a instituição de sistemas de saúde criados com base no acesso universal e na equidade na distribuição de recursos escassos. Os princípios do Sistema Único de Saúde (SUS) garantem o acesso a todos os níveis de atenção, a igualdade na assistência à saúde, sem distinções ou privilégios de qualquer espécie, a integralidade na assistência à saúde, a gratuidade, a participação da comunidade e a descentralização, regionalização e hierarquização das ações e serviços de saúde, o que confere ao SUS um forte viés rawlsiano. O modelo brasileiro foi construído com base no princípio de que a saúde é um direito de todos e um dever do Estado, portanto, parte do pressuposto do acesso universal e igualitário às ações e serviços de saúde para sua promoção e recuperação.

Palavras-chave: equidade, vulnerabilidade, bioética, saúde pública, justiça social, sistema único de saúde

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Introduction

Public Health Bioethics has faced challenges such as equating legitimate interests for the essential goods, such as health and other goods. The scarcity of resources in the face of increasing demands, such as the aging of the population, the continuous increase in chronic-degenerative diseases, new infectious diseases, and other emerging diseases, makes it hard to equate expenditure and resource management. Frequently, all existing public health systems suffer from the same problem, and going against this problem requires some public policy formulations that cover all the different segments involved and some better ways to execute them. Bioethics is an important tool to assist in the management of public services.

Looking at the Brazilians' situation, the struggle is pointed out on the debate between the plurality of interests and related values to different segments of society, expressing conflicts between different rights, duties, access modalities, and by solving their health problems*(1)*.

The bioethics field progress over the past 40 years allows that its tenets can be applied to debates about social and political problems, related to the people's well-being, on peoples and nations, and more specific issues that affect citizens knowledge and practices in their routines, not only in public health but in other essential sectors*(2)*.

According to Aristotle, Justice has the legal stands on equality, but equality occurs on both distributions and exchanges. Treating equal ones equally and unequal ones unequally is fair. Just as it is unfair to treat equal ones unequally and unequal ones equally*(3)*.

John Bordley Rawls, so-called "Jack", was born on February 21st, 1921, in Baltimore, Maryland. He is the most famous American philosopher, who died at the age of81, in 2002. After teaching for a while at Cornell University and the Massachusetts Institute of Technology, Rawls joined the Department of Philosophy at Harvard University in 1962 and remained there for the rest of his career. His most important work, "A Theory of Justice", is a philosophy and ethics work and is considered one of the most important works in the political philosophy of the 20th century. In "A Theory of Justice", Rawls declares that justice is the "first virtue of social institutions", individuals are free to pursue their goals as they wish, only limited by the restrictions agreed by all, corresponding to the"basic structure" of society and also that it is inadmissible to sacrifice freedom for equality*(4)*.

Addressing the issue of justice in contemporary democratic societies, John Rawls establishes that, liberal democracies are unfair, therefore the individual pursuit prevails selfishness and individualism to the detriment of the interests of others.

Wealth inequalities and income inequalities are present in contemporary society, marked by an excessive human and State selfishness that, in many cases, omits to promote public policies that are denominated as social abyss*(5)*.

Rawls' conception of justice is "justice as equity" and with a tenor of 17th-century contractualism. Therefore, he proposed a theory of justice in response to classical Utilitarianism (1971): a theory of justice based on equity, understood from an initial hypothetical situation, in which there is a position of equality between all individuals, ignoring knowledge about contingencies that results in disparities among men, such as social position, class status, and natural attributes and talents. Those situations are called by Rawls*(4)* the "veil of ignorance" and will ensure that all participants are in the same situation, preventing individuals from being guided by their prejudices and establishing principles that benefit their particular situation.

"The veil of ignorance is such a natural condition that something like it must have occurred to many. The formulation in the text is implicit, I believe, in Kant's doctrine of the categorical imperative, both in the way this procedural criterion is defined and the use Kant makes of it"*(4)*.

At the moment of the initial pact, there is nothing left to choose but the fundamental structures of a society and its foundations. The principles of justice are the result of a consensus or equitable adjustment in the words of Rawls*(4:21)* "I have said that the original position is the appropriate

initial status quo which insures that the fundamental agreements reached in it are fair. This fact yields the name ''justice as fairness".

Through a thought experiment he seeks these answers through an original position and for this he was a contractualist thinker, but by elaborating this new model of social contract he differs from the classical contractualist thinkers such as Thomas Hobbes, John Locke, and Jean Jacques Rousseau, which a social contract with limited freedom to protect some goods such as life and property would justify imposing rules.

The original position is a hypothetical situation in which the contracting parties are under a "veil of ignorance" and extract their principles of justice from there. The reasonableness and rationality between the parts must prevail, without personal influences, biases, and prejudices. The structuring of this society would happen through this veil where we do not know about our abilities, gender, professional training, race, economic situation, health, or sickness. In this position, we would hardly choose an unfairsociety because we would be there. The impartiality (impartial and fair rules for all) makes an important mark in Rawls' distributive justice trajectory.

For a fair society's desire, it will only be possible if it is guided by principles that will outline the economic inequalities are truly fair, so everyone will have opportunities. The principles that will guide the foundation construction of a truly just society:

a) A minimum collection of individual freedoms (equal freedom), a wide range of basic freedoms of an individual, citizen who is a member of the rule of law - freedom to come and go, religious freedom, political freedom to vote and to be voted, of expression, of meeting, of private property. And these freedoms must be equal to all belonging.

b) The "difference principle" stands for income and wealth distribution and social and economic disparity. There would be no problems regarding those differences, in fact, those differences would even be desirable, as long as they established the two main conditions. The positions and burdens in society would have to cover equality of opportunity that would have to be occupied by everyone, and the existing differences between them must provide the greatest sort of benefits in favor of the less fortunate.

Below, there are some ways to do distributive justice and some questions to answer:

Are the careers opened for all the talents? Under what conditions is the distribution of liberties, opportunities, and goods that society makes available to persons just or morally fair?

A libertarian would say that a fair distribution system must be a free exchange system into formal equality, which means that jobs and careers are available to everyone. Rawls*(4)* strongly agrees that this theory represents a noticeable improvement compared to aristocratic and caste systems, besides that, he also asserts that a fair distribution is the onlyone that stems from free exchanges and voluntary transactions as available jobs to all, adjusting a system of fair equality of opportunity and adoption from meritocracy will be the outcome. A more egalitarian conception of distributive justice will only be possible by the "difference principle".

Rawls*(4)* does not state that one way to compensate for differences in natural talents or abilities is to have an equal leveling and thus a guarantee of results. On the other hand, the "difference principle" allows people to have different gains, which can benefit from their good fortune, only on terms that improve the situation of those who have lost out. So, it is fair to be able to earn more in a system where everyone is taxed and as a result, there are investments for the benefit of the less fortunate.

Therefore, there is no unfairness in the benefits obtained by a few, provided that thesituation of the less fortunate is improved as a result. Thus it is worth pointing out that the beginning of justice as equity, like any other contractualist point of view, consists of two parts, the first being an interpretation of an initial situation and the problem of choice posed at that time, and the second seeks to demonstrate that they would be accepted by consensus. The word contract suggests

this plurality, as well as the condition of proper sharing of benefits that takes place by principles acceptable to both parties*(6)*.

In conclusion, the two basic principles are chosen in a situation of initial equitable agreement and in Rawls' words*(4:712)*: "Thus, a well-ordered society satisfies the principles of justice which are collectively rational from the perspective of the original position; and from the standpoint of the individual, the desire to affirm the public conception of justice as regulative of one's plan oflife accords with the principles of rational choice. These conclusions support the values of the community, and in reaching them my account of justice as fairness is completed."

The themes to be analyzed below are Rawlsian Maximin, justice as equity and health, determining and conditioning factors of health, the Unified Health System (SUS), andfinal considerations.

The Rawlsian Maximin

Rawls*(4)* first principle of fair equality of opportunity must be supplemented by the so-called "difference principle". Once the first principle is guaranteed, if inequalities still remain between the subjects participating in the initial contract, the needs of the less privileged must be prioritized. The minimum condition should be maximized so that present inequalities, whether economic or social, must be distributed simultaneously in the fairest possible way, in such a way that they always result in greater benefits for the less fortunate. So, the economic inequalities are only justifiable if they are established for the maximum benefit possible for those who are in the lowest position on the distribution of income and wealth, and then, Rawls expresses himself as the condition of "democratic equality"*(4)*.

Thomas Piketty*(7)* says that modern theories of social justice have expressed this idea in the form of the "maximin" principle, according to which a fair society should maximize opportunities and living conditions provided by the social system.

Rawls' main idea is to generate conditions for equal opportunities, not only for the present days but also for the future, that is why he presents a safe standard level and is quite satisfactory because it consists in the situation of the least advantaged in a well-ordered society, which results in the full realization of the two principles of justice*(8)*.

Rawls*(9)* states that we must extract the maximum from the minimum, that is, maximizing what you would achieve if you ended up in the minimum position and had considered an equal division of wealth, allowing social or economic inequalities, only when they were intended to benefit the less favored. In this way, there would be a maximization of the *minimum* and thus equity would be guaranteed.

Equity in Health and Justice

Among the philosophers, it was Aristotle, Plato's disciple, who dealt more systematically with ethics and especially about justice and equity. He aimed for equality among people, with each person meeting their needs. According to the philosopher, the fair must necessarily be, at the same time, intermediate between excess and defect; as an intermediary, he must avoid certain extremes; since equal involves two equal parties. If people are not equal, they should not receive equal things*(3)*.

John Rawls, a great author of political theory, states that justice is not obtained as a result of everyone's interest, nor from the majority, but as a fundamental ontological assumption to perceive collective anxieties*(4)*. For Rawls*(4)*, the first issue of justice is facing inequities, as well as determining principles to regulate social, natural, and historical inequalities, adjusting their deep and long-lasting effects, because when left to themselves, such inequalities would threaten the necessary freedom to a well-ordered society*(9)*.

Although it was not primarily designed for health, Rawls's Theory of Justice, markedby the difference principle, led in the field of health care to the institution of health systems created based on universal access and equity in the distribution of scarce resources*(10)*.

Most public health systems in different nations serve as an example by that, including SUS,

which has an egalitarian and democratic base by Rawlsian thoughts.

Amartya Sen criticizes Rawls' theory by introducing the concept of justice as an expansion of effective freedoms and that primary goods do not guarantee these effective freedoms that would make people equal in their capacities for the simple reason that people are different, therefore having needs and different priorities*(11)*.

Sen also criticizes Rawls because he does not mention directly the term health in his Distributive Theory and the primary goods, but that was refuted when Rawls emphasizes that health is a natural good, not requiring an explicit mention*(11)*.

Another critic of Rawls whose theory inspired SUS was Nozick in Anarchy, State and Utopia, when he argued that the principle of difference would require constant and invasive government intervention in activities to maintain distribution, conflicting with the first principle of freedom*(12)*.

The concept of health equity began to be debated in the Ottawa Charter in 1986, promoted by the World Health Organization. This document was the result of the First International Conference on Health Promotion.

Nowadays, equity in health is understood not as equality, because it takes into account the differences between people in their social and health conditions. Reinforcing these concepts, Margaret Whitehead, Duncan Chair in Public Health at the University of Liverpool writes that "health equity involves minimizing all health differences that are unnecessary and avoidable, as well as unfair*(13)*.

Whitehead*(13)* discusses equity and health based on two assumptions: less fortunate people have lower chances of survival and there are large differences in people's experiences of getting sick.

Considering that there are differences in the health profile between nations and between groups within a nation, inequity refers to a specific difference: the unnecessary, avoidable, and unfair. This term takes on a moral and ethical perspective as, while biological factors and the effects of sick people moving to lower social classes are partly responsible for differences in health, socioeconomic and environmental factors are the protagonists in this scenario*(14)*.

In Brazil, equity with a strong Rawlsian bias constitutes one of the doctrinal principles of the SUS, although the term is not included in the main legal provisions that regulate it.

Rawls includes health services as a social good and thus embraces the idea that institutions should protect health as a social good, focusing his theory of justice as equity, demonstrating a concern for the healthy practice of social policies more committed to the less fortunate.

Paranhos et al.*(15)* describe Norman Daniels' theory of health justice from an extensive interpretation of Rawls' thought, emphasizing that health care has the moral role of guaranteeing health itself and thus protecting people's freedoms and ensuring the possibility of seizing life opportunities. For Daniels, John Rawls' theory of justice has the necessary elements to establish an equitable distribution of health.

Determining and Conditioning Factors of Health

The determining and conditioning factors for health are implicit in Article 3 of Law n. 8080, of September 19, 1990. Given by Law n. 12,864 of September 24, 2013, which amended the caput of Article 3 of Law n. 8080/90, including physical activity as a determining and conditioning factor of health.

For the World Health Organization (WHO) health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", a concept adopted in 1948 but far from being a reality.

Social Determinants of Health – SDH and to WHO, are the social conditions in which people live and work. Article 3. by Law 8080/90 states that health has as determining and conditioning factors, among others, food, housing, basic sani-

tation, the environment, work, income, education, physical activity, transport, recreation, and access to essential goods andservices.

Also as determining factors of health condition, biological conditions such as age, gender, and physical environments such as geographic conditions, food quality, and water sources for human consumption must be included.

Several models have been proposed to study the social determinants and the web of relationships between the different factors studied through these different approaches. One adopted by the National Commission on Social Determinants of Health (CNDSS in Portuguese) is the Dahlgren and Whitehead model, which includes the Social Determinants of Health arranged in different layers, from a layer closer to the individual determinants to a distal layer, where the macro-determinants are located. Individuals are at the base of the model, with their individual characteristics such as age, gender, and genetic factors. In the immediately outer layer, individual behavior and lifestyles appear. The next layer highlights the influence of community and support networks. The next level represents factors related to living and working conditions, food availability, and access to essential environments and services, such as health and education. Finally, at the last level are the macro-determinants related to the economic, cultural, and environmental conditions of society and that has a great influence on the other layers*(16)*.



Figure 1 - Dahlgren and Whitehead diagram

In Brazil, knowledge, and implementation of health policies aimed at promoting health through its determinants had a great boost in the creation of the National Commission on Social Determinants of Health (CSDH). This Commission was established on March 13, 2006, through a Presidential Decree, a two-year term. The creation of the CSDH is a response to the global movement around the SDH triggered by WHO, which in March 2005 created the Commission on Social Determinants of Health (CSDH), intending to promote, at the international level, awareness of the importance of social determinants in the health situation of individuals and populations and the need to combat the health inequities they generate. The actions and activities carried out by the CSDH have been a valuable contribution to building a more humane and just society.

The Unique Health, Equity, and Vulnerability System

Considered one of the largest and best public health systems in the world, SUS benefits more than 200 million Brazilians and performs around 2.8 billion services per year, from simple outpatient procedures to highly complex care, such as organ transplants. The blood center system, the successful emergency rescue policy, the treatment of AIDS (Acquired Immunodeficiency Syndrome - AIDS), the distribution of medications related to chronic diseases such as diabetes and arterial hypertension, the expansion of The Family Health Strategy, and the largest vaccine distribution network in the world: these are all SUS achievements and examples to the world. The consequence of these actions is expressed in the significant improvement in health indicators, highlighted are [SS2] the continuous increase in life expectancy at birth, as well as maternal and infant mortality rates according to the IBGE*(17)*, seen in Figure 2 and Figure 3 and it was this unified, free and organized system that was responsible for so many achievements.

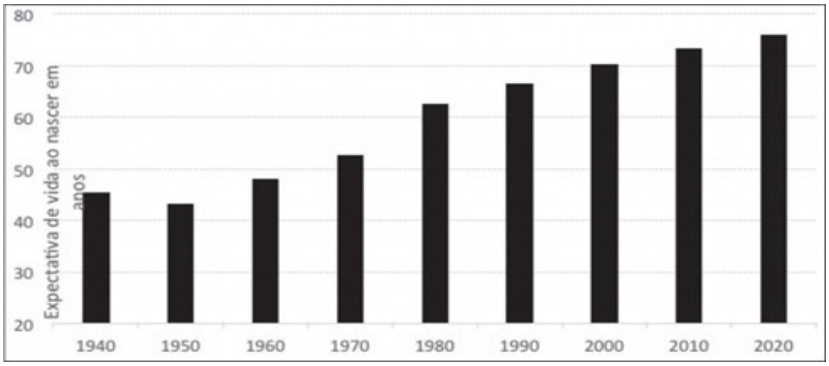


Figure 2 – Variation in life expectancy at birth of Brazilians, from the 1940s onwards and its projection for 2020.

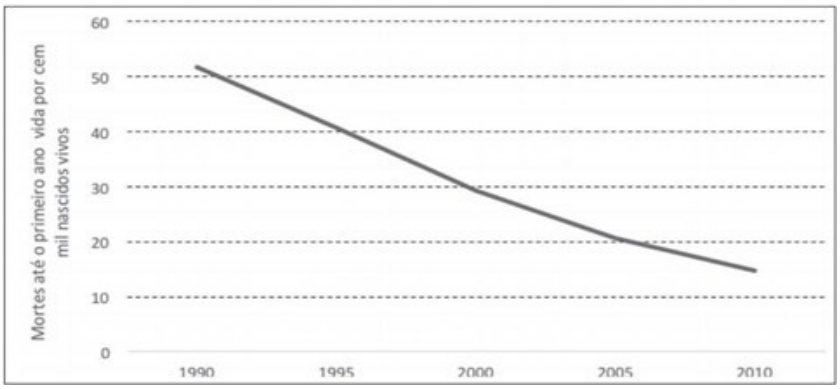


Figure 3 – Time variation of the infant mortality coefficient in Brazil – deaths up to one year of life per 100,000 live births.

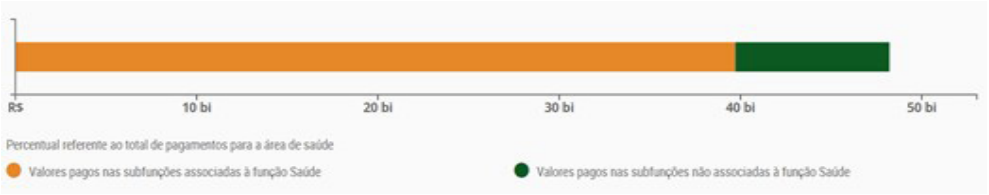


Figure 4 - Percentage of total payments to the health area.

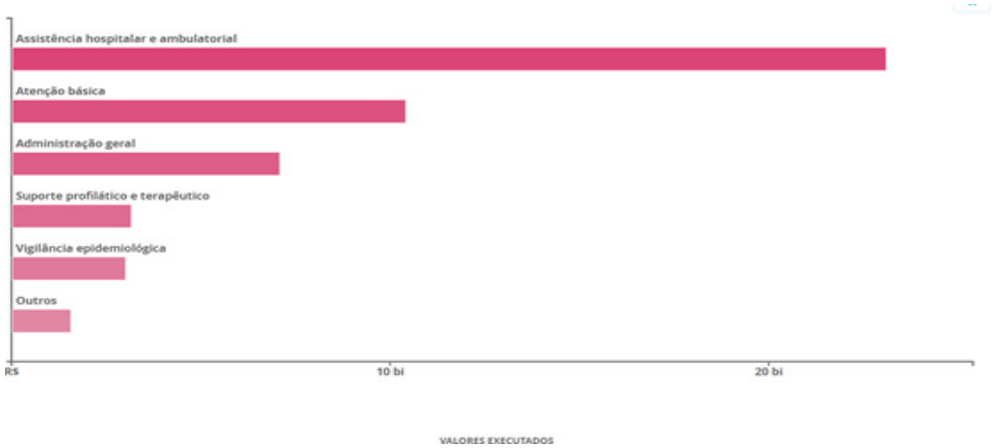


Figure 5 - Expenses by subareas (total).

Celebrating 33 years in 2021, SUS is considered one of the largest public health systems in the world and conquers everyday advances for the health of Brazilians, and is a world reference regarding public health care.

The Federal Constitution of 1988 in its article 196, through Law n. 8080 of 19/9/90 guaranteed one of the greatest achievements of the Brazilians, SUS. SUS ensures care for approximately 190 million people, 80% of whom are fully dependent on it for any health care.

The financing of SUS is carried out with citizens' taxes, encompassing the Union, States, and Municipalities' resources, as well as other supplementary sources of financing, all duly included in the social security budget. The Federal Constitution defines that municipalities must allocate 15% of what they collect, in health actions. While state governments contribute 12% and the federal government has its contribution defined based on a more complex calculation: the amount that was spent in the previous year is added to the nominal variation of the Gross Domestic Product (GDP), this variation is added to what was spent in the previous year to define the minimum investment amount in that year*(17)*.

SUS can be considered one of the greatest social achievements of the 1988 Constitution. SUS acquired a universalist type of legislation from the Organic Health Law based on political-administrative decentralization and has important guidelines such as universal access, the comprehensiveness and care equality, as well as the usage of epidemiological data to establish priorities in public policies for the allocation of health resources, aiming to establish universal coverage and care combined with decentralized administrative management and community participation. Accordingly, the original concept of the SUS aimed to eliminate any discrimination strategy, even temporarily, between socially distinct clienteles.

Nowadays, health financing in Brazil has fluctuated around 8% of its GDP. Countries with notorious excellence in their health systems finance expenditures with amounts slightly higher than in Brazil, such as the United Kingdom (9.9% of GDP) and Canada (10.4% of GDP) Piola et al.*(18)* and the ailment of SUS reveals that it has spending inefficiency instead of underfunding. Sufficient funding combined with proper resource management is the key to orderly and effective functioning for most countries.

A universal and equal access, which later became a constitutional precept, had the meaning of including everyone for equality. And equity in SUS is usually referred to as a triad with the principles of universality and integrality*(19)*.

Aith and Scalco*(20)* add that, to face the challenge of guaranteeing the universal right to health and, at the same time, effectively protect the special needs of people in vulnerable conditions, the structuring of SUS follows two complementary strategies: first, organizing a general network of actions and public health services, aimed at offering universal health care, comprehensive and equal access, as well as to organize, within this general network, special health care networks of specific population groups, according to biological, social, economic, or cultural.

The equity principle is present when the State organizes its public network and treats unequal ones unequally. More than promoting this requirement, SUS, on behalf of equity, organizes its attention to children, the elderly, indigenous peoples, and pregnant women.

In a country with continental dimensions, the verification of local and regional needs is of great importance and, therefore, public policies have been developed for the most vulnerable groups, whether in vulnerability due to health conditions, socioeconomic, or cultural vulnerabilities.

Saldiva and Veras*(21)* states that in addition to organizing the system, it is SUS's responsibility to plan health conditions, health care, and inter-federative articulation. Health conditions planning is mandatory for public entities, it must consider the specific problems of each region and must induce policies for the private sector in order to address the gaps in the SUS.

Therefore, the discussion of distributive justice health in Brazil is concerned with identifying the precepts of equity and how it should support the

orientation given to health policies, focusing on the ones in need, referencing Rawls's theory of justice.

In Rawls's Theory of Justice, neither health nor the rest of welfare policies occupy a relevant place, as demonstrated previously in this article[4]. To Rawls, health is a natural primary good, thus responding to Sen's criticisms. It is a natural good desired by all and influenced by the basic structure of society*(4)*.

However, there is a tension between the conception of justice that is understood as equality and justice that is understood as equity both in Rawls' theory and in the content of the law that regulates SUS. Equal distribution of primary goods for all and the defense of justice in favoring those in most need. The report made by the National Health Council even highlights this situation and considers it a challenge to serve groups that already have defined access and those that have insufficient access*(1)*.

Final Considerations

Rawls asserts that justice is the way that the most important social institutions distribute fundamental rights and duties and determine the division of advantages arising from social *cooperation(4)*. Several factors forced the need for transformation in health systems, especially organization issues, costs, and financing form such as Public-Private Partnerships (PPP), where based on contracts as the main premise, relationships must be supported in mutual benefits and extreme trust. Perhaps, based on good results already measured, it'll come to pass in a way to contribute to the improvement of the system.

The World Health Organization proposes equitable guidance of health systems and highlights that differences must be reduced in people's conditions. SUS principles are constituted by 1-universality of access at all levels of care 2-equality in health care, without distinctions or privileges of any kind 3-completeness in health care assistance 4-gratuitously 5-community participation 6-decentralization, regionalization, and hierarchization of health actions and services give the SUS a strong Rawlsian bias*(22)*.

Rawls' theory of justice was the one that most influenced theorists at the end of the last century and also the one where equity was consolidated.

The main idea is that the principles of justice for the basic structuring of society are the object of the original consensus, emanating from free and rational people, concerned with promoting their own interests, who would accept an original position of equality*(23)*.

This text is not intended to discuss the legal-administrative organization of SUS, however, it is intended to show the trajectory of this grandiose health system in a country ofcontinental dimensions with enormous cultural, social, economic, and geographic diversity. Despite the fiscal crisis, lack of funding to find a balance between the general services provided by the system and the ones to vulnerable groups, it is verified that in fact, public health policies organized by the State have been working on behalf of groups in vulnerable conditions with the usual difficulties of a low budget.

The Brazilian model was built on the principle that health is a right for all and a duty of the State, therefore based on the universal and equal assumption of health actions and services for its promotion and recovery. (Art. 196 of the Federal Constitution of 1988). With the fiscal crisis of recent years and without a better definition of other sources of funding, the deficiency of health care in the public sector regarding universalization was shown clearly and progressively. How to build a health system with qualities and technologies demanded by the current medicine in an environment of fiscal restrictions? The current allocation of resources is impractical in terms of providing comprehensive health care for the entire population. The scarcity of resources still maintained satisfactory service for goods considered public: the eradication of endemic diseases and vaccination campaigns. This form of health provision by SUS, in this context, no longer meets the criteria of justice and equity as in the past. Utopian thinking? The desire to reduce inequalities cannot be forgotten and the best strategy would be to rethink the country's health model without losing the Rawlsian bias and then, in this context, maintain the issue of equity as a basic postulated by the

principle of social justice. What kind of equality/equity is sought in SUS?

Agreeing with Nunes*(23)* Rawls' equity is the equity in the delivery of the primary good. There will be Rawlsian equity if all citizens receive health care according to their needs. Non-equal resource redistributions, the product of adjustments made due to biological, social, and political-organizational factors that determine existing inequalities, would be guaranteed successes.

Lastly, the correct way to provide basic services to millions of Brazilians in a greaterdegree of vulnerability by the Family Health Strategy (ESF) is already in most municipalities in Brazil. According to Carneiro Junior et al.*(24)* "Organization of equitable health practices in primary care in a metropolitan region in the context of social inclusion and exclusion processes. The ESF's distributive criteria and norms are links to urban or rural areas characterized by situations of poverty. Those criteria and norms are not based on a simple cut by income level. This selective inclusion alludes to the foundation of John Rawls'theory of justice, as it grants priority to the "less privileged members of society".

Training local managers and qualification for professionals, aiming at efficiency in management processes, having a more adequate distribution of the health workforce that is now concentrated in large centers. Continuous and consistent policies with technical planning and society participation will bring hope for better days.

There will be more equity in SUS when there is less expenditure on high-complexity services and when resources are shifted to better coverage of basic and medium-complexity services. All this, added to greater incentives for the ESF, which is the main and most effective current model of primary care, covering around 60% of the population. This way, equity becomes more tangible and, like this, we will be closer to Rawls. The ESF program focuses its attention on the most deprived, and that is a clear reference to John Rawls' theory of distributive justice with equity.

Author Contributions

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The data presented in this study are available on request from the corresponding author.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Arreguy EEM, Schramm FR. Bioética do Sistema Único de Saúde/SUS: uma análisepela bioética da proteção. *Revista Brasileira de Cancerologia* 2005; 51(2): 117-12.
2. Garrafa V. Da bioética de princípios a uma bioética interventiva. *Bioética* 2005; 13(1): 125-34.
3. Aristóteles. *Ética a Nicômacos*. Tradução de Mário Gama Kury, 4th ed. Brasília: UNB; 2001.
4. Rawls J. *Uma teoria da justiça*. Tradução de Jussara Simões. 4th ed. São Paulo: Martins Fontes; 2016.
5. Quaglioz FR. *A teoria da justiça segundo John Rawls*. 2016. [cited 2021 May 20]. https://jus.com.br/artigos/34346
6. Coelho KC. *Um conceito de justiça através da perspectiva de John Rawls*. 2020. [cited 2021 May 20]. https://www.direitonet.com.br/artigos/exibir/5509/Um-conceito-de-Justica-atraves-da-perspectiva-de-John-Rawls.
7. Piketty T. *O capital no século XXI*. Tradução de Monica Baumgarten de Bolle. Rio de Janeiro: Intrínseca; 2014.
8. Silva D. *A estrutura do argumento e a regra Maximin*. LJR/Unesa; 2017.
9. Santos IL. Igualdade, equidade e justiça na saúde à luz da bioética. *Revista Bioética* 2020; 28(2): 229-38.
10. Fortes PAC. Como priorizar recursos escassos em países em desenvolvimento. In: Garrafa V, Pessini L, orgs. *Bioética: Poder e Injustiça*. São Paulo: Edições Loyola; 2004: 103-12.
11. Sen A. *A ideia de justiça*. São Paulo: Companhia das Letras; 2011.
12. Nozick R. *Anarquia, Estado e Utopia*. Tradução de Vitor Guerreiro. Lisboa: Edições 70; 2009.
13. Whitehead M. The concepts and principles of equity and health. *International Journal of Health Services* 1992; 22(3): 429-45.
14. Albrecht CAM, Rosa RS, Bordin R. O conceito de equidade na produção científica em saúde: uma revisão. *Saúde Sociedade* 2017; 26: 115-28.
15. Paranhos DGAM, Matias EA, Monsores N, et al. As teorias da justiça, de John Rawls e Norman Daniels, aplicadas à saúde. *Saúde debate* 2018; 42(119): 1002-11.
16. Comissão Nacional sobre Determinantes Sociais de Saúde. As causas sociais das iniquidades em saúde no Brasil. In: *Relatório final da comissão nacional sobre determinantes sociais da saúde* (CNDSS). Brasília: CNDSS; 2008: 1-216.
17. Secretaria de Estado de Saúde de Minas Gerais. *SUS*. [cited 2021 May 20]. https://www.saude.mg.gov.br/sus
18. Piola SF, Paiva AB; de Sá, EB, et al. *Financiamento público da saúde: Uma história à procura de rumo*. Brasília: Instituto de Pesquisa Econômica Aplicada; 2013.
19. Nogueira RP. *Critérios de justiça distributiva em saúde*. Brasília: Instituto de Pesquisa Econômica Aplicada; 2011.
20. Aith F, Scalco N. Direito à saúde de pessoas em condição de vulnerabilidade em centros urbanos. *Revista USP* 2015; 107: 43-54.
21. Saldiva, PHN, Veras, M. Gastos públicos com saúde: breve histórico, situação atual e perspectivas futuras. *Estudos Avançados* 2018; 32(92): 47-61.
22. Giovanella L, Escorel S, Lobato LVC, et al. *Políticas e sistemas de saúde no Brasil*. 2nd ed. Rio de Janeiro: Editora Fiocruz/ Centro Brasileiro de Estudos de Saúde; 2012.
23. Nunes A. As teorias da justiça e a equidade no sistema único de saúde no Brasil. *Planejamento e Políticas Públicas* 2011; 37: 12-29.
24. Carneiro Junior N, Andrade MC, Luppi CG, et al. Organização de práticas de saúde equânimes em atenção primária em região metropolitana no contexto dos processos de inclusão e exclusão social. *Saúde e Sociedade* 2006; 15(3): 30-9.

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