

Maria Salete Franco Rios¹ 
Nelson Filice de Barros¹ 

The meeting between Speech Therapy and Integrative and Complementary Practices (ICP): reflections beyond the pandemic

O encontro entre Fonoaudiologia e Práticas Integrativas e Complementares (PIC): reflexões para muito além da pandemia

HONORABLE EDITORS-IN-CHIEF OF CODAS JOURNAL

Best regards,

This letter aims to present to the academic community, the recent actions in Speech Therapy that mark the path towards a new identity. The Technical Opinion No. 610, approved by the Ministry of Health, on December 13, 2018, inserts the Integrative and Complementary Practices (ICP) to the National Curriculum Guidelines for the initial training of speech therapists⁽¹⁾, which was the basis of Opinion CFFa nº 45, of February 15, 2020 of the Federal Council of Speech Therapy to provide the speech therapists professional with the use of ICP⁽²⁾.

This communication gains relevance by the Recommendation of the Ministry of Health, No. 041, of May 21, 2020, on the use and dissemination of ICP, in the context of COVID-19⁽³⁾. The global phenomenon has had a strong impact on the 21st century society. SARS-Cov-2, notified on December 31, 2019, in Wuhan province, China, has spread rapidly around the world. In January 2020, the World Health Organization (WHO) declared a public health emergency of international interest and, about two months later, a pandemic. Globalization, a mark of contemporaneity, responsible for spreading knowledge and bringing different cultures together, was also responsible for the fast spread of the virus, giving rise to immediate demands for social reorganization. Science, caused by the need for urgent solutions to very complex problems, revealed the existence of a world that has not yet been scientifically validated⁽⁴⁾. The issues related to the pandemic are not purely biological but are closely linked to the culture of the people who carry or interact with the virus. The world was inserted into a trial balloon, science and scientists, inclusive. There are still no “gold standard” studies that authorize science to prescribe rules or medicines; however, the worldwide debate has strongly legitimized the cultural representation of authoritarian and controlling science, which began in the 17th century and continues today. There is no science outside the context of its relationship with society and without tension of power. In other words, science is political and is not synonymous with truth⁽⁵⁾. The “third eye”⁽⁶⁾ becomes indispensable for a better understanding of the pandemic and of cultural representations crystallized and dammed by scientism, which generate distortions and hinder the advance of knowledge. For Morin (2020)⁽⁴⁾, the pandemic revealed “once again the insufficiency of the mode of knowledge that was instilled in us, which makes us separate what is inseparable and reduce to a single element what is at the same time one and different.

Correspondence address:

Maria Salete Franco Rios
Departamento de Saúde Coletiva,
Faculdade de Ciências Médicas,
Universidade Estadual de Campinas –
UNICAMP
Rua Tessália Vieira de Camargo, 126,
Cidade Universitária Zeferino Vaz,
Campinas (SP), Brasil, CEP 13083-887.
E-mail: saleterios@gmail.com

Received: June 12, 2020

Accepted: June 20, 2020

Study conducted at the Universidade Estadual de Campinas-UNICAMP, Campinas (SP), Brasil.

¹ Laboratório de Práticas Alternativas Complementares e Integrativas em Saúde, Departamento de Saúde Coletiva, Faculdade de Ciências Médicas-UNICAMP-Campinas (SP), Brasil.

Financial support: nothing to declare.

Conflict of interest: nothing to declare.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

In fact, the important revelation of the impacts that we suffer is that everything that seemed separate is connected, because a health catastrophe fully involves the totality of everything that is human.”

In the context of COVID-19, the cultural representation of ICP supports the idea that has been coined by WHO, from Alma-Ata to the Global Action Plan for 2030⁽⁷⁾. It was strongly corroborated by the National Policy of Integrative and Complementary Practices, in which “the ICP are actions against the epistemicide and in favor of the inclusion of the integrative logic, which combines the hard core of different practices with quality, safety and effectiveness, in addition to excluding and alternative perspective”⁽⁸⁾.

While the concept of ICP is coined in an inclusive and intercultural logic, the origin of Speech Therapy refers to the Brazilian hygienist, scholastic and nationalist movements⁽⁹⁾. It is impossible to accurately predict the outcome of the development of ICP in the teaching and practice of speech therapy. However, the approximations of different cultures of care can create strangeness, at first; but, very confidently, the encounter with the different is always a window of possibilities for the plurality and expansion of a new worldview⁽¹⁰⁾.

The technical innovation represented by the ICP is a “different way of doing things” that denotes the rescue of experiences in care and attention. This health care model, different from the biomedical model, has been widely disseminated and legitimized worldwide, by health professionals and users. The biomedical or scientific care model, in addition to gradually making health onerous and inaccessible to the poorest populations, established fixed boundaries, not only between health professions, but also between professionals and patients. Inclusion and autonomy are important values of the ICP care model, with a strong pressure for blurring across borders, both in the area of knowledge and in professional practice. The understanding that the ICP care model originated from the need to fill gaps left by the biomedical care model shows that it produces an epistemological extension in the health area^{8,10}.

It was no accident that, in Brazil, the terms “Traditional Medicine” and “Alternative and Complementary Medicine” and “Integrative Medicine” were replaced by “Integrative and Complementary Practices”. The change expressed the need to establish more balanced power relations between health professions and between these professionals and their patients^(7,10).

Literature has been presenting Brazilian Speech Therapy linked to scientism, in the origin and during a great part of its trajectory⁽⁹⁾. Possibly due to this association, Speech Therapy was absent from the academic debate about ICP and its growing worldwide demand, by users and health professionals. In addition, for the same reason, it did not participate in the creation and development of the National Policy of Integrative and

Complementary Practices (NPICP), which has promoted the provision of these practices in the Unified Health System (SUS), since 2006, with important expansions, in 2017 and 2018⁽¹⁰⁾.

A careful look at the process of cultural hybridization resulting from the meeting of ICP with Speech Therapy is necessary. The Opinion CFFa No. 45, of February 15, 2020, issued by the Federal Council of Speech Therapy, which provides for professional use of ICP by speech therapists⁽²⁾, is undoubtedly a fundamental legal framework for the construction of complementary and integrative speech therapy practices.

REFERENCES

1. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 610, de 13 de dezembro de 2018. Aprova parecer DCN da graduação em Fonoaudiologia [Internet]. 2018 [citado em 2020 Jun 10]. Disponível em: http://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/71711726
2. Conselho Federal de Fonoaudiologia [Internet]. Nota técnica sobre o uso profissional das Práticas Integrativas e Complementares em Saúde por fonoaudiólogos. Brasília, DF: Conselho Federal de Fonoaudiologia; 2020 [citado em 2020 Jun 10]. Disponível em https://www.fonoaudiologia.org.br/cffa/wp-content/uploads/2020/03/Parecer_CFFa_45_2020.pdf
3. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Recomendação nº 041, de 21 de maio de 2020. Recomenda ações sobre o uso das práticas integrativas e complementares durante a pandemia da Covid-19 [Internet]. 2020 [citado em 2020 Jun 10]. Disponível em <https://conselho.saude.gov.br/recomendacoes-cns/1192-recomendacao-n-041-de-21-de-maio-de-2020>
4. Morin E. Um festival de incertezas. Paris: Ed. Gallimard; 2020.
5. Castiel LD, Sanz-Valero J, Vasconcellos-Silva PR. Das loucuras da razão ao sexo dos anjos: biopolítica, hiperprevenção, produtividade científica. Rio de Janeiro: Editora Fiocruz; 2011. <http://dx.doi.org/10.7476/9788575413128>.
6. Lorite M. El tercer ojo: Se puede transformar el sentido común? Rev Filos. 2003;30:71-86.
7. WHO: World Health Organization. Global report on traditional and complementary medicine. Geneva: WHO; 2019.
8. Barros NF. Política Nacional de Práticas Integrativas e Complementares no SUS: uma ação de inclusão. Ciênc Saúde Coletiva. 2006; 11(3): 850.
9. Brasil BC, Gomes E, Teixeira MRF. O ensino de fonoaudiologia no brasil: retrato dos cursos de graduação. Trab Educ Saúde. 2019;17(3):e0021443. <http://dx.doi.org/10.1590/1981-7746-sol00214>.
10. Brasil. Ministério da Saúde. Portaria nº 702, de 21 de março de 2018. Altera a Portaria de Consolidação nº 2/GM/MS, de 28 de setembro de 2017, para incluir novas práticas na Política Nacional de Práticas Integrativas e Complementares - PNPIC. Diário Oficial da União; 22 Mar 2018. [citado em 2020 Jun 10]. Disponível em https://bvsms.saude.gov.br/bvs/saudelegis/gm/2018/prt0702_22_03_2018.html#:~:text=PORTARIA%20N%C2%B0%20702%2C%20DE,Pr%C3%A1ticas%20Integrativas%20e%20Complementares%20%2D%20PNPIC.&text=1%C2%BA%20Ficam%20inclu%C3%ADdas%20novas%20pr%C3%A1ticas,Pr%C3%A1ticas%20Integrativas%20e%20Complementares%20%2D%20PNPIC

Author contributions:

MSFR doctoral student in social sciences in health, researches the cultural representations of ICP by speech therapists. NFB Advisor.