

The dissemination of the dimension of care in health, the invention of worlds and the communication of knowledge as surfaces of contagion

Research on education of health professionals has taught us that for real changes to occur, beyond the formulation of educational policies, a transformation in the modes of “thinking-feeling-desiring” of those who operate the practices of teaching health care is necessary. Technologies of the imaginary are constantly at work, capturing processes of transformation and making us believe in the defense of their opposition. While *caring practices* continue to be singled out as polemic, complicated, difficult, risky, we are surprised by the inexhaustible or renewed defense of the liberal models of exercising the health professions; of the hierarchies of power as opposed to mutual comprehension and negotiation in decision-making processes as means of health promotion and protection; and of private contractual relations rather than other models of health care. Arguments are always presented to postpone, suspend or abandon caring practices.

Caring practices in health may be defined, in short, as exercising different kinds of professional knowledge in the encounter with the individual who makes use of health actions and services. This attitude demands taking the chance, not acting on convictions or certainties, and confronting reactive postures towards change. An attitude of thinking-feeling-desiring will always imply taking a bet, requiring educational work in its strongest sense: not informing nor accommodating, but summoning others to learn about themselves, the novelties in themselves as well as in the surroundings and to create. If there is a critical obstacle to change, continuing education, when it is a component of health work and education, places daily individual and collective practices under scrutiny, questioning our capacity to care and to accept what is new. The dissemination of the caring dimension, the communication of knowledge and the invention of new worlds emerge as surfaces of contagion: activating the desire to learn and mobilizing encounters (instances in which interaction and the production of meaning occur).

The caring dimension may stand out as the counterpoint to rationalism and scientificism (logical rationalism) of health assistance. Care would come to *invade* and *torment* health attention so that it doesn't ignore what it learns from the other, from diversity, with the assertion of the senses of life. Humanity is uncertain, creative, sensitive to boldness, and subject to destabilizations that alter truths; care needs correspondence. Inspired by Fernando Pessoa's beautiful image, if treatment must be precise, care will never be precise. There is no precision in human existence. The precision of technique cannot be the only thing offered to humans (Pessoa was referring to navigation and its necessary search for precision in crossing the seas, but alerting that the same thing does not hold for human life, wherein this search becomes undesirable). Integral health care requires, beyond precision, a heartwarming reception. In this issue of **Interface**, Care gains projection, not as a theoretical approach, but as a theme.

I would like to stress how much a caring dimension of health represents the struggle for life and how we have grown distant from this condition, choosing routes and paths full of bureaucratic, disciplinary, formalist and normative certainties. This is the reason why communicating knowledge gains special contours when it is understood as a surface of contagion in the dissemination of the caring dimension and the invention of worlds. Communicating knowledge within **Interface** holds this offer, this is the invitation its editors, its graphic project and its network have been making throughout its 11 years of existence. The effort to internationalize this journal, today, is not in order to project it onto the nets that capture invention, capture care or capture commitment with the public interests, but to find interlacements with which to foment inventions, care and public interests, in particular with partners from Latin America and the Iberian Peninsula.

The challenge this Journal faces is to contribute towards the expression of innovation and the advancement of interdisciplinarity within health: neither natural sciences nor social sciences, but sciences dedicated to living intensely. Communicating knowledge, disseminating the caring dimension of health and inventing worlds, in this Journal, may be expressed as surfaces of contagion (**interfaces**)! This condition is an invitation to engage in reading and in dialogue.

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