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debates

Interprofessionality and daring:
on "Connections and boundaries of interprofessionality: form and form-giving"

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Ricardo Burg Ceccim's article addresses interprofessionality and also boldness. He uses boldness to think in an innovative way and to utilize references that are not classical in a text about education - and even less in the field of health. In his article, there are metaphors, a characterization of historical processes, etymological distinctions and esthetic allusions, and boldness lies in this very combination, used with the purpose of teasing the reader, inviting them to think about interprofessionality in an unconventional way. In this route, Burg Ceccim quotes different authors[1-4] with whom he shares affinities, which proves the existence, in Brazil, of an intellectual atmosphere around interprofessionality, with the consequent accumulation of experiences, advances and frustrations, where there is boldness in the fact that people continue to construct.

In recent works, Naomar Almeida[5-7] explains the role played in Latin America by the higher education project recommended by the French Revolution in 1789. From the perspective of these works, we can see that the French influence on the emancipatory political project that accompanied the processes that struggled for independence and for the construction of modern States in the region was greater than the influence attributed to the reform carried out in the USA by Abraham Flexner around 1916. The French project pointed to a higher education that enabled access to social sectors that, up to then, had been excluded from university professions. It implied a cognitive reorganization and a reconfiguration of the sciences that, supported by a secularization process, transferred to the sphere of the State what had been, up to that moment, a marginalizing space in the hands of the Church.

In addition to the consolidation of a lay space in which to educate professionals in medicine, engineering or law, in France, higher education experimented with institutional university models: on the one hand, universities where different sciences converged and which educated professionals around a common conceptual basis, turning, afterwards, to the education of specialists in specific fields of knowledge and practice. On the other hand, universities whose organizational model encompassed "linear" academic institutions that maintained students within the specific line of each profession since the beginning of the careers. Schools, colleges or academia educated future

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professionals isolated from the other professions, fragmenting curricula in chairs that strengthened this disciplinary "linearity".

The educational structure was accompanied by regulating spheres that included the State's intervention to accredit schools or universities, and by colleges, societies, guilds to recognize and qualify for professional performance. This recognition could be a task of the State itself or could be delegated to peers, who controlled the quantity and performance of each professional. These models of universities, with more or less affinities and space for dialogs among scientific disciplines, corresponded to what would become a type of industrial production based on a production line that organizes workers for a repetitive, systematic and standardized performance, replacing handicraft by collective work concentrated in spaces designed for this purpose. Thus, the industrial production line progressively corresponded to the organization of work in academic spheres and in environments of application of science in general.

More than two centuries after the French Revolution and one century after the Flexnerian reform, the article written by Burg Ceccim[8] - and the rich intellectual production[1-3] with which he interacts and which he builds - stimulates discussions about the role that interprofessional education and practice will play in the future of university education and in the daily work of the health services. The linear university and its structure of schools and chairs found correspondence in what would be configured as the Fordist production model. To achieve this, it was necessary to have professionals who maintained this linearity, with its implicit hierarchical distribution of work, a disciplinary fragmentation of knowledge, and rules and norms that preserved this designation of capacities and tasks. Today, in times of cognitive capitalism - which consists of a new historical accumulation system-, the cognitive and intellectual dimensions of work have started to play a role of decisive importance[9], having replaced the centrality that used to be placed on fixed capital and material work. Now, capital appreciation occurs by means of the transformation of knowledge into a commodity. Due to this, the drive, the main force of change of the current productive organization is the knowledge that is carried, contained and expressed in the generalized educational enhancement of the workforce. Both in the industrial and services production, workers have been achieving higher educational levels.

In this organization of industry and services, capable of replacing disciplines and linear verticality, it is necessary to have malleable workers and professionals with plasticity to interact and capture the dimensions that have been omitted or relegated by the Fordist organization of work. Interprofessionality undoubtedly overcomes these dimensions, but the most important aspect - and here I mention what, to me, is a valuable contribution made by Ricardo Burg Ceccim - is that, besides playing a part in improving patient safety, besides collaborating to humanize practices and to enhance the wellbeing of workers themselves, interprofessionality opens the possibility of a different praxis. Praxis understood as a policy sustained by affinities and coherence of values among the members of the work team. Affinity in the way of defining the object of work and what the team desires to transform, no matter if it is a person who needs assistance and care or a population that claims for transformational interventions.

Burg Ceccim defines praxis as the pragmatics of teaching, learning, doing and acting, but this can be extended to "a form of doing politics". The reason is that interprofessionality emerges as an integration of different levels of knowledge and practices and goes beyond the current tasks that are recognized by the respective professional colleges and by the standards commonly accepted in accreditation processes. Interprofessionality allows health workers to be educated in a praxis in which the health team improves and amplifies its capacity of hearing and, consequently, of summoning, in view of the changes generated by social demands and capacities. It is not grounded solely on technology, on scientific discoveries or on the division of work among health team members; it occupies a privileged position where it can pay attention to the changes that occur in the population, in social sets, in subjects. A praxis committed to interprofessionality acquires meaning when it observes, evaluates and acts together with people or social sets as a result of citizenship rights, and not because they have the necessary financial coverage to receive treatment.

The potential of interprofessionality lies in it becoming an accepted and coherent instrument, with models of social determination of health, equity and social justice; otherwise, it can be a valuable

but perishable resource, similar to other pedagogical fashions. Because of its correspondence to changes in the general structure and organization of production, interprofessionality has the potential for being an innovative resource of indisputable value. Perhaps, in the near future, in addition to claiming for “More Doctors”, it will be necessary to claim for and promote the formation of “More Interprofessional Teams”.

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