Chapter 17
E-Health in Brazil:
Less Care for the Poor?

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ABSTRACT

It is argued in this chapter that e-health has the potential to improve the provision of health care and the quality of patient treatment, but it also contains many threats, especially in developing countries where information technologies are generally implemented without any discussion with society. With regard to health information, Brazil is behind some African countries in terms of data recording according to international reports used to publish health care indicators. Most of the hospitals do not have basic information systems for data collection and storage, despite the fact that the country has historically registered very bad health indicators. Moreover, many e-government initiatives, including e-health applications and development are based on the traditional top-down model or market-driven approach to information technology, oriented towards corporate actor interests and health care administration rather than basic population health care needs. This system tends to neglect basic priorities for people lacking education, clean water, food and primary health care.

INTRODUCTION

It is argued in this chapter that e-health has the potential to improve the provision of health care and the quality of patient treatment, but that it also contains many threats, especially in developing countries where information technologies are generally implemented without any discussion with society. As a result of this, the literature has mentioned that while e-health has the potential to empower patients and stimulate participation it also has the dangers to disseminate inaccurate information and inappropriate use of health care resources (Sadan, 2002; Leaffer, 2001). On the other hand, in Canada Alvarez has stated that e-health solutions 'while exciting and promising, also present new challenges particularly in regard to acceptable standards, choice of technologies, overcoming traditional jurisdictional

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boundaries, up-front investment, and privacy and confidentially' (Alvarez, 2002).

With regard to health information, Brazil has been left behind some African countries in terms of data recording according to international reports used to publish health care indicators. Most Brazilian hospitals do not have basic information systems for data collection and storage, despite the fact that the country has historically registered very bad health indicators. For instance, infant mortality rate is quite high and there are inequalities in the distribution of health resources, as well as the fact that for many years Brazil used to register the highest cesarean section rates in the world (Rodrigues, 1987; 1988). In addition, many e-government initiatives, including e-health applications and development are based on a traditional top-down model or market-driven approach to information technology, which is oriented towards corporate actor interests and health care administration rather than to basic population health care needs. This has the effect of neglecting basic priorities for people lacking education, clean water, food and primary health care.

In the late 1980s the country contemplated health care reform, implying that the country would have the most comprehensive health care system in the world. Unfortunately, there is a deep abyss between the language of the law and its application in Brazil. In practice, it is hard to describe the functioning of the Brazilian health care system when the provision of health care services for the poor seems to have reached the most degraded level in all its history.

The implementation of Information and Communication Technologies (ICTs) in the developed world is usually carried out the supposition that there is a need to improve the quality of available services in traditional non-electronic formats, and guaranteed to everyone. In other words, the services already exist, and there are hopes that their provision can be improved by the utilization of information technology tools. This is not always the case in developing countries where services, in most cases, are unavailable and consequently not guaranteed to everyone. While in the former case there are examples of success and failure in the application of information technology, in the latter investments in IT are made but it is hard to talk about technology success.

Despite the limited provision of health care in Brazil, especially for the poor population, and the lack of basic infrastructure in term of information systems for the registration and storage of basic health information in hospital and health centers, there is a national project to implement a national health card. It seems that the official technical knowledge of executives and bureaucrats in the public sector subjugates other knowledge from society concerning the implementation of information technology through the use of the traditional top-down model or the 'tool-approach'. Therefore, the time has come for a comprehensive analysis of the Brazilian health card project given the comments that it will be expensive, in addition to the reports of delays, dependability problems, and that it is serving more the interests of corporate actors than the population. Furthermore, the technology seems to be inappropriate because in many instances the software and hardware packages do not speak to each other. In other words, there are problems of interoperability and the project architecture may have to be redefined after consultation with many segments of the Brazilian society, especially academics, nursing and medical professionals.

The current scenario now is that investment in information technology in government, especially in the health sector is increasing while spending in important social programs for the poor are decreasing. The purpose of this study is to describe how the approach to e-health in Brazil is developing. In other words, an attempt is made to use an interpretive perspective to answer the question on how is the National Health Card system has been implemented in Brazil, and what does this implementation mean for those who are touched by it.