

EDITORIAL**Insert aspects of professionals in primary health care and the education process**

The Brazil has presented in recent decades policy proposals and movements that come generating important changes in the health system and, among them, the Sistema Único de Saúde (SUS), while policy and Saúde da Família (ESF) as a strategy.

For your time, university education in health (especially on graduation) has also sought changes, but in general, can't keep up with the ins and outs of the "other end" of health, because your questions in general tend to be different. And, this does not occur without harm to health assistance.

On the other hand, there are still great dilemmas between what and how much is formed at the University, and that captures, health sector absorbs, notably on primary health care which is expected to be the gateway and also to solve more than 80% of the needs of the population in a territory attached.

All this were not enough, the population and the social system (and vice versa) continue maintaining the look and do, biologicist, hospitalocentric and medicocentered, although some experiences in the past decades (even before the SUS) have sought to overcome that fact. The hospital costs of drug consumption, consumption of examinations, performance in rehabilitation (as examples), denote how much talk here of a machine, which, health promotion (which for some is an unknown issue), the prevention of diseases and reach heights not yet impactful assistance.

In this dilemma is possible even considering regional differences, State, municipal and district microrregionals, even (in a country of Brazilian extension), especially in medium-sized cities, and even more small businesses, plus the weak or nonexistent social control, which are even worse outrages and controls, and that the management of municipalities, especially in health keep the logic of do doctor, as the most important, and perhaps the only one who can solve the health problems of the population.

From this same panorama that the university graduate well in sufficient quantity and quality, have serious cultural problems that prevent the contribution of other professionals in the crosscutting demands do doctor. Besides, in some situations, even this professional is scarce. These issues are large when thinking about coverage, access, impact, response social vulnerabilities, and others.

Here, advocates the view that professionals like: nutritionist, physical education professional, occupational therapist, physiotherapist, social worker, psychologist, social scientist, gerontological, among others; need to be part of the APS, because it would make possible a greater vision, coverage and impact on health needs of the population. In some regions, even the number of nurses, dentists and doctors on APS need to be reviewed.

This former education and dialogue of work processes, the area of education and health care they need closer ties, in addition to the management problem that if addressed here also cultural issues. Some professionals are not seen by the social system, by the people and by the logic of capitalism as important, notably in the APS, because it is possible that a striking improvement with the insertion of "unknown" would alter the old and still dominant logic of the health care system.

It is possible that small towns and medium-sized businesses require even more attention in this debate. Including that, just hiring professionals and decent wages just don't solve the issues around this. It is necessary to form well, capturing properly according to demand, but also monitor the work and basing it on local and or regional studies.

Here's something easy to resolution and even less that is a first! Given the complexity of the fact, the answers to these questions go through a cultural and social maturation, the look on other ways to respond to the health needs, in addition to a greater social control and management.

Good Read!

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