

EXPERIENCES IN THE AMAZON: INTERNSHIP IN INDIGENOUS HEALTH IN THE FORMATION OF FAMILY AND COMMUNITY DOCTOR

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Abstract: The text explores the formation of family and community doctors with a specific focus on acting in rural areas and the health of the indigenous population, a frequently neglected aspect in residency programs in large urban centers. The narrative details an internship at the Macapá Indigenous Health Support House (Casai) and at the base hub of the Manga village, located in Oiapoque, Amapá. During this internship, the resident doctor of the municipality of Rio de Janeiro-RJ had the opportunity to provide medical attention directly to indigenous communities of the villages of Amapá and northern Pará. A central aspect of the text is the importance of exchange between scientific knowledge and traditional indigenous practices. The respect demonstrated by the indigenous population and the credibility attributed to their beliefs were essential to the effectiveness of the care performed. This experience offered the resident significant learning about person-centered medicine, allowing enriching contact with different cultures and traditions. These cultures have unique visions and understandings about the process of getting sick and healing, which contributed to a broader and more integrated understanding of health care. The internship stressed the importance of recognizing and respecting cultural practices in medical practice.

Keywords: Medical Residency; Family and community medicine; Health of the rural population; Health of indigenous populations.

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INTRODUCTION

In the training of family and community physicians (FCM), especially in metropolises, there is little emphasis on the work of this professional in rural areas and on the health care of the indigenous population. The rural internship, therefore, becomes an opportunity for the resident to experience medical practice in different contexts, understanding the specific needs of these populations. Caring for indigenous health, however, presents significant challenges, such as the cultural barriers between the Western health system and traditional indigenous practices. These differences make it difficult to build trust and establish an effective dialogue between health professionals and communities, which can compromise the quality of care (Ferreira et al, 2020). Thus, it is essential that physicians be exposed to these contexts in order to develop an approach that is more inclusive and sensitive to the cultural particularities of the populations served.

The Special Indigenous Health District (DSEI) is the unit responsible for the decentralized management of the Indigenous Health Care Subsystem (SasiSUS). It presents itself as an organizational model adapted to serve a specific region, considering its ethnic, cultural, geographic, and demographic diversity (Brasil, 2021).

In Brazil, there are 34 DSEIs strategically distributed according to territorial criteria and not necessarily state, taking into account the geographical distribution of indigenous communities. In addition to the DSEIs, the health system also includes health posts, Base Centers, and Indigenous Health Houses (CASAI) to provide adequate assistance (Brasil, 2024).

According to Ordinance No. 1,801, of November 9, 2015, CASAI is the establishment responsible for supporting, welcoming and assisting indigenous people referred to the SUS Service Network to carry out complementary actions of primary care and specialized care. The main objective of the Base Care Centers, in turn, is to offer basic health care services in indigenous communities. These centers are the first line of assistance for the Multidisciplinary Indigenous Health Teams (EMSI), which work directly in the villages (Brasil, 2015).



Considering that FCM is a specialty that values the integral view of the individual, taking into account various aspects related to health and disease, it is important to highlight that the curriculum of residents in programs located in large metropolises, such as Rio de Janeiro, often does not include experiences of contact with rural and indigenous health. In this context, the option for an elective internship in rural health with an emphasis on indigenous health is not only necessary, but also becomes a valuable opportunity.

This study aims, therefore, to share experiences of rural internships with an emphasis on indigenous health as a way to expand the training of family and community physicians in a residency program in a metropolis. Through the analysis of the experiences during the internship, it is intended to highlight the importance of a culturally sensitive approach in medical practice in rural and indigenous contexts.

EXPERIENCE REPORT

The elective internship of the resident in FCM of a residency program in the city of Rio de Janeiro took place at the Indigenous Health Support House of Macapá (CASAI) and at the Polo base of Aldeia Manga, in Oiapoque, both located in the state of Amapá.

To theoretically support the experience, the course “The Making of Indigenous Health” was proposed by the Open University of SUS (UNA-SUS), with a workload of 60 hours, carried out online. This stage of theoretical training was conceived as a preparation prior to the practical activities of the internship, allowing the future FCM to acquire fundamental knowledge about the particularities of indigenous health before entering the field activities.

The practical activities lasted for 4 weeks, with a workload of 40 hours per week. During this period, medical care was provided to the indigenous population of villages located in Amapá and northern Pará. This direct clinical practice provided the resident with a valuable opportunity to apply the theoretical knowledge acquired in the UNA-SUS course combined with the knowledge of FCM,



in addition to developing practical skills and promoting a deeper understanding of the specific health needs of these communities.

At CASAI, the daily medical evaluation of the service users was carried out, the patients' evolution was recorded, treatments were prescribed, and complementary tests were requested and evaluated. About 20 people were directly monitored during the period, among the more than 40 present. Cases such as malaria, accidents by venomous animals (snakebite) and leishmaniasis stand out for their local prevalence, offering a unique opportunity to revisit these less common themes in large urban centers. In addition, the doctor took her knowledge acquired in residency, such as dry needling, an effective method for the treatment of myofascial pain, which was not practiced on site. This exchange of knowledge was beneficial for patients, because, by introducing a new and different technique, it was possible to expand the therapeutic options available, enriching both local practice and the care provided.

The field activity took place at the Polo base of Aldeia Manga, in the municipality of Oiapoque - AP. At the Polo-base, about 60 medical consultations were carried out per week for people from Aldeia Manga and neighboring villages. Most of these consultations involved low-complexity care, including women's health, prenatal care, children's health, elderly health, and infectious diseases. However, a serious case of neurological condition was also treated, which required an urgent transfer to the capital, ensuring adequate care for the patient. This episode highlights the importance of the presence of health workers in remote areas, where access to specialized care is limited.

An example of the need for specialized care is the case of the Yanomami, where malaria represents one of the greatest threats, aggravated by malnutrition and difficult access to medical care. Logistical barriers and poor infrastructure further complicate effective disease control (Lima et al, 2022). Similarly, the high prevalence of tuberculosis among indigenous peoples is exacerbated by late diagnosis and lack of continuity in treatment, resulting in high mortality (Possuelo, 2023). Health is a right of every Brazilian citizen (Brasil, 1988), and the presence of health professionals in rural areas, especially in villages, is essential to ensure that this right is ensured, regardless of geographic location. It is important that care respects cultural specificities, ensuring greater acceptance of interventions and



improving the quality of care.

In the internship, the so-called “itinerants” were also carried out, which consist of serving people from more distant locations, whose access is only through the river. In these places, care was provided in community centers and home care. In the community centers, the team organizes a temporary space with tables, scales and basic medical materials, such as a sphygmomanometer, stethoscope, ophthalmoscope, among others, to serve the local population. Most of the consultations focused on chronic diseases, such as hypertension and diabetes, as well as acute complaints, such as respiratory and gastrointestinal infections. The team also provides medicines from the Polo-base pharmacy and donations from the doctors themselves to the population, given the difficulties in accessing the local pharmacy. In addition, we carry out home visits for people with mobility restrictions, who cannot leave their homes. These visits are the only means of providing access to healthcare for these people, ensuring that they receive care in their homes.

Among the activities in the indigenous territory, the opportunity to assist in a vaginal labor that was conducted together with a midwife is also highlighted. This experience was of fundamental importance, as it allowed us to learn from traditional knowledge and local practices, while applying our medical skills collaboratively. By participating in a vaginal birth with an indigenous midwife, we are not only providing medical care, but also integrating cultural and technical knowledge to ensure the best possible care for the mother and baby.

REFLECTIONS ON THE EXPERIENCE

The exchange between scientific knowledge and indigenous traditions is something unique. During the consultations, we always respect the traditional health methods and practices that are part of the culture of these peoples. This respect, as well as the recognition of the value that these communities attribute to their beliefs, was essential to establish a relationship of trust. In the context of FCM residency, the idea of person-centered medicine comes to life by connecting with people from different cultures,



who have their own views on getting sick and the healing process. These experiences allow for deep learning, because when we are faced with challenges such as cultural, geographical, and logistical barriers, we realize how important it is to build health care that not only takes into account biological particularities, but also cultural ones.

FINAL CONSIDERATIONS

The lack of cultural adequacy in the care of indigenous peoples makes it difficult to communicate and adhere to treatment, especially in remote areas of the Amazon. The contact with indigenous peoples during this internship during this internship raised reflections on the obstacles to access to health faced by these peoples, the need for a better understanding of the cultural, traditional and historical aspects of falling ill, and the importance of inserting FCM residents in situations in which they can have contact with indigenous health, in order to improve an integrated medical, political and social education, which should not be disconnected.

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REFERENCES

FERREIRA, M. E. V.; GARNELO, L.; PONTES, A. L. M. Intercultural health: experiences and challenges of indigenous healthcare in Brazil. *Cadernos de Saúde Pública*, v. 36, n. 9, p. e00197219, 2020.

BRAZIL. Ministry of Health. Special Indigenous Sanitary District. Brasília-DF, 2021. Available at: <<https://www.gov.br/saude/pt-br/composicao/sesai/estrutura/dsei#:~:text=Trata%2Dse%20de%20um%20modelo>>. Accessed on: 26 May 2024.

BRAZIL. Ministry of Health. Special Secretariat for Indigenous Health (SESAI). Organization of the Special Indigenous Sanitary District. Available at: <http://www.ccms.saude.gov.br/saudeindigena/asesai/organizaododsei.html>. Accessed on: 20 May 2024.

BRAZIL. Ordinance No. 1,801, of November 9, 2015. Brasília: Presidency of the Republic, 2015. Available at: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1801_09_11_2015.html#:~:text=Define%20os%20Subtipos%20de%20Estabelecimentos,%C3%A3%20Sa%C3%BAde%20Ind%C3%ADgena%20\(SASISUS\)](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1801_09_11_2015.html#:~:text=Define%20os%20Subtipos%20de%20Estabelecimentos,%C3%A3%20Sa%C3%BAde%20Ind%C3%ADgena%20(SASISUS)). Accessed on: 26 May 2024.

LIMA, M. O., ALMEIDA, A. S., & MONTEIRO, W. M. (2022). Health challenges in Indigenous populations: malaria among the Yanomami in the Amazon region. *The Lancet Regional Health – Americas*, 8, 100193.

POSSUELO, L. G., et al. (2023). Tuberculosis among Indigenous peoples in Brazil: a systematic review of incidence and mortality. *Journal of the Brazilian Society of Tropical Medicine*, 56, e20220259.

BRAZIL. Constitution of the Federative Republic of Brazil of 1988. Article 196. Brasília: Senado Federal, 1988.

