



## Medicines For Body, Love For People: Freirean Lessons For Those Who Dare Teach Health Care Professionals

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### Abstract

*It is impossible to talk about professionalism in healthcare without including issues of social justice. Nevertheless, just a glance at diseases like tuberculosis or HIV/AIDS shows how health care professions struggle to recognize the relationship between social inequalities and health. Unfortunately, health care professionals do not incorporate social issues as central to their practices. So, it is evident that changes need to be made and professional education in health care might be a way to start crafting this transformation. Paulo Freire's philosophy of "education for critical consciousness" takes on special relevance within this context. We strongly believe that the health care system is twisted with an oppressive, often "invisible" structure of power. Health care "reform" cannot reasonably be envisioned except within the context of broader structural transformations. For this purpose, Freirean pedagogical approach might be a wise way to engage health care professionals in a critical analysis of the political structures that shape the world. This dialogical approach to change, stressing action based on critical reflection by the people, can be a significant way to supplement current efforts to deal with the "health care crisis" in many developing countries. The Freirean perspective won't be taken as an antidote to the current health care crisis. Rather, this paper is an attempt to shed light on important – yet still subjugated – issues related to the 'rootedness' of all health care professions in the reality of an ill world. It is an attempt to help professionals to understand the broader world and to recognize their membership in it. We need to prepare health care professionals to serve as change agents through dialogue, reflection and action, and a willingness to understand the difficulty of others. This dialogue needs to begin in educational media spheres, conferences, classrooms, and outside the walls that separate health professionals from patients.*

### 1. Introduction

All healthcare professionals must apply their knowledge "for the benefit of the sick", as Hippocrates recommended in the 4th century B. C. However, important pieces of this process of becoming a 'carer' were left behind on our way of becoming a healthcare professional. Nowadays, the strongest belief instilled in students during their professional education is that "reality is what it is". They are taught to conform, rather than to transform things in the healthcare realm. They are taught that they can be very helpful to the patients if - and only if - they know all about techniques and drugs.

This discourse is evolving, though. Currently, it is almost impossible to talk about professionalism in healthcare without including issues of cultural competence and social justice. It is also clear that the terms of the social contract between healthcare professionals and the society they serve are adjusting in response to changes in the knowledge, technological innovation and the organization of health services [1]. However, just a glance at diseases like tuberculosis or HIV/AIDS shows how health care professions still struggle to recognize the relationships between social inequalities and health. Unfortunately, health professionals still do not fully incorporate social and cultural issues as central to their practices in the healthcare system.

So, it is evident that changes need to be made in this system and professional education in healthcare might be a way to start crafting this transformation. The first challenge that we face as 'carers' who became teachers is our assumptions of what is valid and true, accumulated during years of 'traditional' professional education. Paulo Freire's philosophy of "education for critical consciousness" is especially relevant within this context. We strongly believe that the health care system is twisted with an oppressive, often "invisible" structure of power. So, the motivation to write this paper came from this



'encounter' with Freire's ideas and from the transformations that have been taking place since then in our view of "how to bring health care professionals to life". What we propose here is to examine our assumptions as educators before this encounter, to understand the illuminating Freirean ideas that informed our practice and, finally, to describe how Paulo Freire and us espoused our ideas in the classroom, teaching healthcare professionals to become 'carers'.

## **2. Medicines for body: "teaching to treat"**

In the beginning, man created "the" science. From that point on, everything started being decoded, divided and classified. The human existence began to be denatured by imbalances of power. Teachers frequently feel compelled to position themselves as "neutral diffusers" of the "neutral knowledge" in the classroom. The dominant belief is that the educator's role is to report facts, which are the pure expression of the truth, regardless of the intentions and the belief system of those who "produced" them.

Another assumption that underlies the concept of knowledge in healthcare sciences is that the school doesn't hold any role in preparing the student as a person, but only to prepare a competent professional to deal with specific health problems. To be competent, in this case, refers to the expertise that suppresses a holistic vision of human beings. Embedded in this neutral position is the belief that the professional lies above the world, totally uprooted from the place where things happen, disconnected from human experiences and his/her very existence. There is a hidden understanding that social awareness is something to be learned outside the walls of the university. The educator's role is to make them "scientifically competent in healthcare", as if it would be possible to dissociate the person from the professional and the professional from the world. Implicit in this assumption is the belief that professionals must adapt rather than change the reality. In this case, the healthcare industry, the way it is designed, and the status quo are the benchmarks that guide the training of these future carers [2].

Finally, in consonance with the previous ideas is the value attributed to different ways of knowing in healthcare. We are social beings and our understanding of the world is influenced by the prevailing ideological debate. In this context, some types of knowledge are considered more "legitimate" than others and this ranking is governed by various interests. Science, conceived traditionally, is interested in objective reasoning that values the rational faculty of humans and experimental methods, in an attempt to predict, explain, verify, confirm or refute what our senses tell us. Most of today's educators learned this lesson during their own education. The focus of healthcare science is on the abnormalities in the structure and function of bodily organs and systems and the goal of the professional is to use rational knowledge in a systematic, accurate, verifiable, and replicable way. There is little or no room for "healing". Medicines are considered the most powerful weapons - if not the only ones that most of the educators in the healthcare realm are aware of - that can be used to "treat" an "ill body". There is a pill for every ill, even though the current patterns of business of the pharmaceutical industry make us think that we can find "an ill for every pill" [3].

## **3. Love for people: "teaching to care"**

To apply Paulo Freire's ideas in the education of healthcare professionals is a way to shake the understanding of what should be considered "scientific and valid" in education. It affected profoundly the way we conceive healthcare practices nowadays. Freire's philosophy of "education for critical consciousness" is a wise manner to engage health care professionals in a critical analysis of the political structures that shape the world, given that according to him, the world cannot exist as a reality apart from people.

Freire's dialogical approach to change, stressing action based on critical reflection or praxis, makes clear the interconnectedness among human beings and between them and the world: "no one teaches another, nor is anyone self-taught. People teach each other, mediated by the world" [4].

Based on concepts of love, communion with the people, humility, faith in the humankind, hope and critical thinking, Paulo Freire built a strong pedagogical theory that questions the status quo in the world. His ideas represent an attempt to think dialectically to understand and act, rather than to find straight answers for the questions posed by the scientific method. In the last interview before his death, in 1997, he stated: "I refuse any fatalistic position about the history and about facts. I reject



such expressions as “the reality is what it is”. No reality is what it is. All reality is here, undergone to our agency of intervention in it” [5].

Also fundamental to Freire's pedagogy is the dichotomy of the world into oppressors and oppressed. This dichotomy is closely connected with his beliefs that education is always a political process and that the positions of people in society are affected by issues of power and oppression. He understands that the ‘political being’ of educators lie in the way they position themselves in the world, which influence the way they teach and relate to students. Just as in politics, he doesn't believe in the neutrality of the teacher [4].

He settles the dialogue as the essence of education as the practice of freedom. Dialogue represents an innovative way to encourage students to connect the personal, social and biological aspects that are usually intertwined in the healthcare realm. Freire discusses brilliantly the difference between adaptation and insertion into the world. In adapting to the world there is a call for adequation; it implies a bodily adjustment to the material, social, economic and historical conditions of the reality, which ultimately remains untouched. On another hand, the insertion into the world presupposes a conscious decision to intervene in the reality, in order to promote needed transformations that will embrace the diversity of perspectives. Thus, Paulo Freire affirms that an educator is invariably a political being and her or his purpose is to work with students to help them overcome the passive position of the adequation to the world. He believes in education for change, an education that encourages curiosity and activism about the knowledge and the world [4].

Lastly, one of his most influential ideas is that the educational process must help students to become more connected or rooted in the world, and therefore more aware of its social and cultural aspects. His pedagogical view postulates that an educational program should always take into account the ‘men-in-a-situation’ to whom the program is directed, avoiding a ‘top down’ way of teaching [4].

#### **4. Paulo Freire and us: twisted perspectives on teaching healthcare professionals**

Paulo Freire transformed and deepened our understanding of what it means to be educators committed with a truly humanist perspective of education. However, we do not interpret his ideas as a panacea to any current crisis in the education of health professionals. He provided us with new lenses to look at old problems. The new hues perceived help us to develop strategies to liberate the classroom from its traditional constraints. The ideas presented in this section are a blended perspective of our perceptions about education as a powerful instrument to create a liberating environment for teaching healthcare professionals.

There is an urge for a preparation of healthcare professionals that are capable of connecting the clinical expertise with the social, non-biological determinants of health and illness. There must be room for subjectivity and uniqueness of each patient in healthcare. Professionals ought to have authentic experiences with the unique dimensions of what it means to be sick or healthy. Moreover, the ‘rootedness’ of all health professions in the reality of an ill world are paramount to further the development of a healthcare system focused on authentic care.

We do not want a ‘sterile education’, where theories are mere abstractions that cannot be met or questioned. We want professionals able to theorize, reflect, and act. We need praxis in healthcare. Besides teaching technical competencies, we want to prepare healthcare professionals with a deep sense of agency in transforming the social problems that impact health and illness.

We need urgently to demystify the plastering belief that ‘the reality is what it is’. We need to give back to the student the sense of agency, stolen from them during the traditional educational process. They must enter the healthcare arena with faith in their ability to create and recreate it.

Finally, we need to restore the concept of love in healthcare. For Freire, love is neither sentimental nor manipulative. It is an act of courage, a commitment to the cause of those who struggle with diverse illnesses and diseases. It is a deliberate attempt to imagine life through the skin of the patient that one is caring for. And, by doing it, it is a true commitment to the restoration of his/her humanity.

#### **5. Conclusion**

In our journey as educators, Paulo Freire's pedagogical legacy epitomizes the reconciliation of the dichotomy between “to care” and “to treat” in the healthcare realm. The influence of science in our lives is so vast and deep that it becomes very hard to imagine how the world would be today, if scientific knowledge had stagnated for several centuries. Scientific knowledge has an undeniable



practical value, but science by itself is not enough. Caring for people goes beyond the objectification of the disease as a plain bodily process.

It is quite comforting to realize that there is no such a thing like a school or an educational process meant to be neutral, apolitical, or culture-free. But even in this “biased” environment, it is exciting to think that we can reconcile the epistemological differences between the rational/technical/logical information and the human/social/critical knowledge, encouraging a greater diversity of voices that celebrate different standpoints in the education of healthcare professionals. [Listen](#)

We strongly believe that the pedagogical positioning emerged from our readings of Paulo Freire ties nicely with the preparation of a health professional who is an active agent in society, seeking to care for and to solve “real problems” experienced by humans. Our ideals about being able to treat and to care were enlivened after we crossed paths with Freire’s ideas, in our way to become a better ‘educator-in-a-situation’. And there is still a long way to go. [Listen](#)

## References

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