AUTONOMY IN THE FRAMEWORK OF THE NATIONAL HEALTH PROMOTION POLICY

A autonomia no âmbito da política nacional de promoção de saúde

La autonomía en el ámbito de la política nacional de promoción de la salud

Review Article

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ABSTRACT

Objective: To discuss the concept of autonomy circumscribed by public health policies in the Brazilian context privileging, as a scenario of analysis, the National Health Promotion Policy. **Methods**: Exploratory research conducted in May 2015 through a documentary analysis of official texts that were confronted with the literature on the subject in order to problematize the results found. **Results**: The concept of autonomy is understood as an inherent aspect of man that occupies a cognizable position within public policies. This indicates that the health practices currently inspired by this understanding have been guided by a reflective perspective. The literature search allowed to broaden this concept of autonomy, demonstrating that any normativity is incarnated in and originates from the world. **Conclusion**: It can be understood that broadening the concept allows to break free from current practices, which leads to think about the possibility and – not to say – the need for changes in which life and all its specificity become as important as the categories of understanding deriving from it.

Descriptors: Autonomy. Public Health Policy. Health Promotion.

RESUMO

Objetivo*: Discutir a concepção de autonomia circunscrita pelas políticas públicas de saúde no contexto brasileiro, privilegiando como cenário de análise a Política Nacional de Promoção de Saúde.* ***Métodos****: Pesquisa exploratória, realizada em maio de 2015, com análise documental dos textos oficiais articulados a literatura sobre o tema para problematizar os resultados encontrados.* ***Resultados****: A noção de autonomia é entendida como um aspecto inerente ao homem, adquirindo uma posição cognoscível no interior das políticas públicas. Isso indica que, atualmente, as práticas em saúde inspiradas por essa compreensão estão sendo pautadas por uma perspectiva reflexiva. Com a pesquisa na literatura foi possível ampliar essa concepção de autonomia, demonstrando que qualquer normatividade está encarnada e origina-se a partir do mundo.* ***Conclusão****: Entende-se que, com a ampliação do conceito, promove-se uma ruptura com as práticas vigentes, levando a pensar na possibilidade e, porque não dizer, na necessidade de um redimensionamento, no qual a vida e toda a sua especificidade se tornem tão importantes quanto as categorias do entendimento dela derivadas.*

Descritores: *Autonomia; Políticas Públicas de Saúde; Promoção da Saúde.*

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RESUMEN

***Objetivo**: Discutir la concepción de la autonomía circunscrita por las políticas públicas de salud en el contexto brasileño con privilegio para el análisis de la Política Nacional de Promoción de la Salud. **Métodos**: Investigación exploratoria realizada en mayo de 2015 con análisis documental de los textos oficiales juntamente con la literatura sobre el tema para problematizar los resultados encontrados. **Resultados**: La idea de autonomía es entendida como un aspecto inherente al hombre adquiriendo una posición cognoscible en el interior de las políticas públicas. Eso indica que actualmente las prácticas en salud que son inspiradas por esa comprensión están pautadas por una perspectiva reflexiva. A través de la investigación en la literatura fue posible ampliar esa concepción de autonomía demostrando que cualquier normatividad está insertada y se origina a partir del mundo. **Conclusión**: Se entiende que con la ampliación del concepto se promueve una ruptura de las prácticas vigentes llevando a pensar en la posibilidad y porque no decir, en la necesidad de un redimensionamiento en el cual la vida y toda su especificidad se haga tan importante cuanto las categorías del entendimiento de ella derivadas.*

***Descriptores**: Autonomía Personal; Políticas Públicas de Salud; Promoción de la Salud.*

INTRODUCTION

The concept of autonomy in the field of health has been taken into account as there has been, in recent years, a transition in the healthcare model adopted by the Brazilian health system, especially with regard to its assumptions; it has been distancing itself from a curative perspective, supported by the biomedical and mechanistic logic of the health-disease process, to adopt a perspective of disease control based on health promotion. These changes allowed some aspects that had not been considered before – such as social determinants, life conditions, and especially the questioning of "how to live a healthy life" – to be included in the new agenda of discussions about health.

With the enactment of the Constitution of Brazil in 1988, health care moved to a new level. Until then, the Brazilian Constitutions (1937, 1946, 1967, and the Constitutional Amendment of 1969) had mentioned only the attributions that the legislature had in relation to this context[1]. Thus, for many years there has been no official national health policy; in fact, there were very limited public policies focused on specific needs, such as combating endemic diseases, particularly infectious diseases. These interventions were organized in the form of campaigns, which were extinguished as soon as they controlled the outbreaks present at the time[1].

However, changes have occurred in the right to health since the enactment of the Federal Constitution of 1988. In such text, direct reference is made to citizens and their fundamental rights are guaranteed, and health is qualified as a social right whose access should be universal and egalitarian[2]. This transformation in the Brazilian Constitution was strongly influenced by the VIII National Health Conference (*VIII Conferência Nacional de Saúde*), an unprecedented event held in 1986 in the city of Brasília that brought together about four thousand people to discuss the organization of the health system[3]; of these people, one thousand were delegates with the right to speak and vote. This event represented the peak of the Brazilian Sanitary Movement, which began in the 1970s and which has been gathering more and more collaborators over the years for restructuring the Brazilian Health System and consequently the way health care is provided[3].

Following the international scenario, this conference also presented as one of its main discussions the need to replace the preventive-curative model by a practice focused on health promotion[3]. In the last decades, the biomedical model has become obsolete due to the inevitable social, political and cultural transformations and the changes in death, morbidity and disability patterns, which made this model insufficient to combat new health challenges[4].

These social transformations have led to fundamental changes in health parameters due to: the transition from transmissible diseases to non-communicable diseases and external causes; replacement of morbidity and mortality in younger groups by older groups; and the transition from a predominance of mortality to a prevalence of morbidity[5]. In fact, the concept of health, which had been defined until then as a simple absence of disease, had to be revised and resumed from a positive point of view that also considered the individual's physical, mental and social well-being[2].

Based on these influences, the Constituent Assembly was able to develop a Constitution that legitimized health as the right of all, as well as the guidelines for a new Health System based on more democratic principles, such as universality, equality, equity, decentralization, regionalization and community participation, aiming at the constitution of solidarity and social responsibility of the State through a legitimately republican model of socioeconomic development[6].

However, only two years later, in 1990, the Unified Health System (Sistema Único de Saúde – SUS) was established through the approval of the Organic Law on Health No. 8.080, which provides for the conditions for the promotion, protection and recovery of health[3]. SUS regulations did not guarantee that its actions were put into practice, highlighting the need to devise strategies to

operationalize this new system. Thus, the Basic Operational Norms (*Normas Operacionais Básicas – NOB*) were initially created and then the Health Care Operational Norms (*Normas Operacionais de Assistência à Saúde – NOAS*) were added to it. In the long term, these devices presented disagreements which required that managers considered other methods for the execution of this project[7].

Thus, in an attempt to overcome the existing obstacles, the Federal Government started a process of revision of the current normative regimes and, after the discussions between the different instances (federal, state and municipal), constituted a Pact for Health[8]. As a result of this pact, three main areas of action were defined: the Pact for Life, the Pact for the Support of the SUS and the Management Pact[8,9].

Thus, faced with a Brazilian context marked by an epidemiological transition, managers have sought new strategies and interventions aimed at changing behaviors and habits, such as *health education*, which has stood out as an important instrument against the 'villains' of well-being[10], and *continued health education*, which arose under the argument of preparing the worker to get health care according to SUS principles[11]. These two health policies invite the actors involved in the health-disease process to become active agents in order to carry out the changes placed by each policy.

Thus, it is considered that the new technologies expressed in public policies are nowadays much more pedagogical than hygienists and require a new type of user – one that is increasingly becoming more able to take care of him/herself. However, it is observed that this possibility of self-care and its possible success are subordinated to the unquestionable prerogative that health users must have the capacity to be free and autonomous to reflect on the best choices regarding their own health[12,13]. In this sense, the existence of these elements becomes a sine qua non of the effectiveness of these new practices and have a key role in the new political-pedagogical technologies.

Given this current situation, the present article aims to discuss the concept of autonomy circumscribed by public health policies in the Brazilian context privileging, as a scenario of analysis, the National Health Promotion Policy.

The relevance of the study lies on the attempt to understand this concept that is extremely used in the Brazilian health care, scrutinizing its philosophical and epistemological assumptions in an attempt to broaden its understanding among professionals who base their practices on it, identifying which reference types were employed for its construction and consequently what it proposes as a goal to be achieved.

METHODS

This is an exploratory research conducted in May, 2015 through a documentary analysis whose primary source was the National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*). This choice is justified by the possibility of using the institutional archives written by the Ministry of Health to obtain a more objective understanding of this reality, as well as to observe the changing processes of concepts, mentalities and practices that have occurred over the years[14,15].

Initially, a thorough reading of the documents was carried out to analyze the concept of autonomy within the PNPS from the first document in which it was addressed[16] to the official text[9] to its last revision, which was published in the year 2014 through Ordinance No. 2.446[17]. Law No. 8.080/90[18] and the Health Promotion Thematic Glossary[19] were also included in the analysis due to their relevance and approximation with the subject discussed.

The content learned from the official documents and the discussion based on the literature on autonomy was used to problematize possible philosophical issues involved in the construction of the concept of autonomy, its implications for the current reading of this concept and the need to take its understanding beyond the one that is established within the PNPS.

The documentary analysis was performed according to the following steps: collection and organization of the material (based on a reading using content analysis criteria); and critical analysis of the document (characterization, description and comments, report, identification of recurring subjects, coding, evidence of the emerging theme, decoding, interpretation and inference drawn from the information contained in the publications), which allowed the preparation of new clusters[20]. After that, the categories[21] were drawn according to the thematics and described the pertinent theme of the study: autonomy. This process, which was fundamentally inductive, led to the construction of five categories: expressions of autonomy in the Brazilian health policy, the concept of autonomy circumscribed by the National Health Promotion Policy, the philosophical understanding of autonomy at the mention of Paulo Freire, autonomy and the recognition of *pathos* as a moral instance, and the construction of an incarnated autonomy beyond the *logos* and *pathos* dichotomy.

RESULTS AND DISCUSSION

This section will present the categories that emerged in the study.

Expressions of autonomy in the Brazilian health policy

This category addresses the inclusion of the term autonomy in the context of health policy, mentioned for the first time in Law 8.080/90 through the principles and guidelines in its art. 7, item III, which states that all health actions and services should comply with "the preservation of people's autonomy in defense of their physical and moral integrity"[18]. After this publication, there is a gap in the use of this term in the official documents; the term falls into disuse. It returns officially incorporated to the PNPS in 2002, when the first document was published to discuss some issues related to the implementation of this policy[16].

In the introduction of the aforementioned document, the Ministry of Health points out that, in view of the many difficulties encountered, partnerships are increasingly becoming an important strategy for overcoming obstacles, which is the reason why working based on the principle of individuals and communities becomes fundamental[16]. Thus, autonomy does not only refer to a process of individual choices. Contrary to independence, autonomy is therefore taken as a process of "co-constitution", of "co-production"[22].

In the context of the Brazilian reality, the PNPS uses international charters and agreements as inspiration, claiming that encouraging autonomy is part of the new agenda of governmental actions. With regard to the topic "Why promote health?", the Ministry of Health defends that "promoting health is to educate for autonomy"[16]. The document explains the importance of exchange between the fields of knowledge and between individuals considering the affective and loving dimensions, the creative capacity and the pursuit of happiness as inseparable aspects for health promotion.

In the following PNPS topic, entitled *Strategies and lines of action*, the document points out that the challenges of human society lie on some elements that need to be taken into account, such as: "strengthening the right to autonomy, which is expressed in the choices, judgments and resolutions in the life and work of individuals, families and communities, and which has a value-affective dimension"[16]. To do so, actions based on the objectives of the PNPS should be taken by encouraging, strengthening and consolidating some strategies, such as the process of reorientation of care with reverence for autonomy and culture in an interaction of caring/being cared for and teaching/learning, accepting other practices and rationalities.

In addition, the Ministry of Health also emphasizes that the operationalization of these strategies can be developed through the following working areas: *mobilization of management resources, mobilization of individual and community resources, communication and education strategies for health promotion, and training and qualification of professionals and managers in the contents*. With regard to *mobilization of individual and community resources*, it emphasizes the need to encourage the autonomy of individuals and communities in order to promote and protect health and tackle harms and diseases[16].

However, although the document mentions the term autonomy in several points, in the final text the term autonomy is incorporated only into a topic related to the specific objectives. This indicates that, in order to make this policy successful, it is previously necessary "to expand the autonomy and the co-responsibility of individuals and collectivities, including public power, in the context of integral health care and to minimize and/or extinguish inequalities of any and all kinds (ethnic, racial, social, regional, gender, sexual orientation, among others)"[9].

In 2014, through Ordinance No. 2.446/201[17], the federal government decided to redefine PNPS due to the need to update and improve certain actions. In this document, the concept of autonomy finds a new place, i.e., in addition to being incorporated into the specific objectives, aiming "to promote the empowerment and the capacity for decision- making and autonomy of the subject and collectivities through the development of personal skills and competences in promoting and defending health and life"[17], it was also adopted as a principle in its art. 4, item III, in which autonomy "refers to the identification of potentialities and the development of capacities, enabling conscious choices of subjects and communities towards their actions and trajectories"[17].

The concept of autonomy circumscribed by the National Health Promotion Policy

This category initially emphasizes that public policies constitute a "State intervention in the organization of society through legal, social and administrative actions"[23]. They originate from "struggle and power relations processes involving different social actors that may even begin outside the State with the aim of building an institutional legal apparatus that guides the resolution of conflicts related to public goods"[23] and reflect the level of social protection established by the State – generally with the purpose of reducing the structural inequalities produced by the system itself.

From the discussion process to the approval of the PNPS, the concept of autonomy was used without a clear theoretical definition. Only the first draft mentioned the theorist Paulo Freire to warn about what could be understood as autonomy. Only six years after its implementation as a policy, an official definition was established in the Health Promotion Thematic Glossary[19]; it was then understood

as the building of a relationship with the other in which individual and collective subjects reach a broad competence to learn and act critically, changing themselves and their social environment in an emancipatory sense[19].

Given the context in which the term autonomy is used, it is confirmed that the PNPS leaves some doubts regarding its proposition in several points of the document; in addition, it attempts to emphasize the responsibility of individuals and communities at the same time that it highlights the relevance of the role of public policies in favoring health and life[24]. With regard to this issue, health promotion statements are characterized by the double meaning of their propositions. Its main foundations are consistent with the progressive, democratic and humanitarian character of social movements and, at the same time, with the liberal democracy values of the societies in which many of these movements have emerged[25].

It was observed that in the course of the mentions the word autonomy is preceded by verbs in the infinitive (to preserve, to encourage, to strengthen, to respect, to expand and to promote), whose meanings refer to a notion of enhancement and intensification of an already existing object; in this sense, the PNPS should only improve it, but it should never be responsible for creating it. Such formulation is real given that over time the autonomy has been regarded as an aspect inherent to the human species. On the other hand, some authors point out that this thought corresponds to a misunderstanding as "the human being is not born autonomous given that s/he cannot be governed by her/himself when s/he is born, or since birth"[26]. In fact, the human being becomes autonomous as s/he develops and undergoes several influences in life that will contribute to the degree of autonomy that s/he may have.

In the PNPS, through precepts such as *respect for autonomy* and the *principle of autonomy*, there are many ways that identify the individual's capacity to be autonomous. The first, based on the belief in the dignity of human nature, defends respect for other people's point of view who have the free will to take actions and make choices based on their individual affirmations[27]. The second, which is more focused on the ethical assumptions of the practice of the health professional, states that no procedure should be performed without the clarification and prior consent of the user or her/his representative[28].

The concept of autonomy is intrinsically related to the legal concept of competence. In the legal sphere, competence refers to the pertinence of a particular court, stipulating the limits of its action; however, this concept is regarded as *capacity* when it comes to the context of the *natural person* and refers to the extent to which a subject fulfills her/his rights as a *legal personality holder*[29].

It can be said that the understanding of autonomy within this context privileges the acquisition of knowledge as a way of developing it. This trend is also followed by the Thematic Glossary[19], which approves, as an official definition, the value of access to information and knowledge as decisive instruments for enhancing critical thinking about the way of life and the world in which one lives.

The philosophical understanding of autonomy at the mention of Paulo Freire

This category seeks to point out some possible philosophical influences that contributed to the constitution of the concept of autonomy. In this sense, rather than carrying out an exegesis of the work, it is attempted to indicate to what extent the construction of this concept approaches some philosophers that have also thought about that term, like Immanuel Kant (1724-1804), Georg Wilhelm Friedrich Hegel (1770-1831) and Karl Marx (1818-1883).

At first, it is important to go back to the reference made to Freire in the document, namely: "promoting health is to educate for autonomy as reported by Paulo Freire"[16]. According to this author[30], in order to become autonomous, it is necessary for the person to acquire a critical view of the world and hence constitute her/himself as a historical being. The educational process is of great relevance, which demonstrates that the educator must respect the existing knowledge of the student, allowing her/him to build new knowledge from what s/he already has; therefore, the student is not a mere receptacle to be filled with knowledge, but an active subject capable of transforming the environment in which s/he lives[30].

In this sense, there is an approximation with the Kantian tradition[31] in the formulation of this concept as the philosopher believes in man's emergence from his self-incurred nonage, deciding with competence on his interests without interference from others[32].

Both Freire and Kant stated that the role of education was to form a critical subject capable of transcending the condition of minority and defended the close relationship between autonomy and freedom, since man is a constructor of himself. Man can only be free and autonomous if is prepared for that; he will not get it spontaneously. Education as a process of formation is imperative for a man to attain his autonomy[33].

While recognizing the necessity of instrumental rationality, the theorists attached an auxiliary importance to technical knowledge, for they believed that autonomy could not be achieved only by this bias. Such a position was different from most of the Enlightenment thinkers,

and it is because of this approximation that Paulo Freire is considered an indirect heir of the Kantian tradition[33,34].

However, Freire, unlike Kant, does not understand the subject as a transcendental category, but as historical and incarnate. The dialogicity[35] takes a central position in Freire's theory as he argues that the subject is built up from intersubjectivity and chooses pedagogy as a remarkable field for this experience[33].

With regard to this understanding, the inspiration in the Hegelian dialectic for the constitution of the Freirean theory stands out. The understanding of the subject in the Hegelian theory unfolded in an ontology of the incompleteness in Freire:

> *"The passage from simple materiality to unfinishedness in Paulo Freire, as a process which is not given beyond its still-hidden conditions, is comparable to the passage from the in-itself (natural and biological life) to the for-itself (the consciousness of the human being"* [36 p.43]

Thus, it is possible to think that the conditions of educability and, consequently, the production of autonomy in Freire refer to the process of conception of consciousness in Hegel, as both believe that subjectivity is constructed within this process and conceived by a constant *becoming*.

However, the historicization of the Hegelian dialectic signifies the distancing of the predominantly idealistic German philosopher and an approximation to Marxist precepts, especially historical materialism[37], since "what was thought via «Hegel's master-slave dialectic» is supported in *Marx's Capital*[38] and appears as a «political-educational context» in Freire[39], who uses the Marxist theory as an educational principle to prove the existing relationships in the capitalist society in an attempt to confirm its own contradictions[40]. Man has an ontological vocation to interfere in the world, overcoming the constraints of the dependencies of social determinisms while becoming aware of his unfinishedness and being, therefore, ethically responsible for his choices.

Given that, it is important to highlight the fact that the PNPS, based on its thought, follows a certain philosophical movement that confers an ontological character to certain attributes, considering them as constitutive of the whole human being. The need to denature this thesis, recognizing that the transmission of these elements occurs from a series of creations, learning and procedures in force in each historical time, i.e., "the raw material that composes the subjectivities are variable and historically localized"[41], endorses the theory that claims that this process constitutes much more a lively, dynamic and fluid collective construction.

There was an intensification of the process of medicalization with the rise of life as the supreme good, in which medicine gradually invaded social life[42]. With this, the body became a privileged object of intervention and acquired a self-reflexivity that, in other times, corresponded to the soul, making the choices regarding this body reach a new mark that became a reflection of the way adopted by the individual. Soon, the other's look became a police surveillance in which any deviation is subjected to an evaluation that is rather moral than technique. It is about the formation of a subject that controls her/himself, demonstrates her/his autonomy and enters a competitive world"[43].

This perspective defends an ideal of a whole subject that must guide her/his actions according to reason, advocating reflexivity and the capacity for self-centering as a basis for any action to be taken. Sustained by a rationality that advocates a *purified subjectivity*, this discourse refuses, or even purges, any manifestation that can be mediated by an influence other than reason.

Man as a zero degree of knowledge, enunciated by the Cartesian doubt, should purify himself of any element that reveals his worldliness, thereby marking a split "between the mind, in his supposed freedom, and the body, in the prison of his natural determinisms and social conditioning"[44].

However, while confidence in human reason was endorsed, a cautious attitude towards naive realism was placed, as the sensory experience was considered doubtful and suspicious due to its susceptibility to the effects of an "insidious subjectivity"[44,45].

In attempting to situate historically and epistemologically the possible philosophers who influenced Paulo Freire in the formulation of the concept of autonomy, it is noted that both Immanuel Kant (1724-1804) and Georg Wilhelm Friedrich Hegel (1770-1831) and Karl Marx (1818-1883) are thinkers who, to a greater or lesser extent, drank from the same fountain, presenting in their theories traces of a thought previously pointed out by the philosopher Francis Bacon, who "attributes to the subject the right over nature, which can be achieved through knowledge: *Tantum possumus quantum scimus*"[45].

It is understood that the notion indicated by Freire also follows this movement. Hence, it privileges a cognizable position of autonomy, in which knowledge becomes a fundamental tool to achieve it, as well as a parameter to indicate to what extent an individual can be considered as such.

Autonomy and the recognition of *pathos* as a moral instance

This category demonstrates that there is the possibility of another example of moral action in which empirical impulses and feelings are evaluated despite being understood

as unstable, private, and specific. A mobilization that is not inflicted, but an impulse of the body, a certain physical anxiety that can be called compassion[46].

Thus, it is attempted to rescue the importance of *pathos* as a mobilizing instance of man as, at present, this concept has been associated almost exclusively with its pathological dimension, especially when integrated into the current medical field[47].

Pathos became considered "the other of reason", the one responsible for intervening in and, at times, opposing rational processes[48]. However, in attempting to regain its original definition, "*pathos* would rather be connected to a *dis-position*"[47] that is situated in any human dimension, constituting a propelling element of man's existence based on an intersubjective experience of allowing oneself to be affected by the other and the world[48].

In this sense, all moral action is an estimate between the impulses and principles that can provide us with laws[46], a dialogue between the *logos* and the *pathos* that unfolds in a model of freedom that allows the distancing from a perspective based on man's capacity to be governed by his own law in order to recognize, also, a sense of what manifests itself as "not law".

Each situation can be considered, in its specificity, an *ontological insecurity* in which man develops the anguish of the accountability of the imaginable effects that his attitude may have; thus, it denaturalizes a pseudo-security that the eminently rationalist model promotes, removing the individual from this place of comfort, a false relief guaranteed by a social system that previously classified certain act as correct. In this sense, *the human being in relation* would be as important as the formal principles for the construction of morality and, therefore, of autonomy[46].

The construction of an incarnated autonomy beyond the *logos* and *pathos* dichotomy

This category argues that despite the demarcation and recognition of *pathos* as a coherent field in itself that has principles and is therefore decipherable, there is a dichotomization of the individual into *logos* and *pathos*. The two dimensions acquire a connotation of self-sufficiency, a feeling of alienation, which transmits a certain disengagement from any influence that the other may have in one's constitution process.

In order to discuss dichotomous thinking it is necessary to pick up the phenomenological knowledge, starting from the new ontology in which the concept of *body* is a central mark. By discriminating the expressiveness of the body into the world and by distinguishing the capacity of the body itself to unleash totalities, none of the parts can do away with the ontological value of the experience experienced by the people. More precisely, the philosopher Merleau-Ponty restores to human experience the power to "discover" phenomena, without reducing it to the condition of a product of human existence.

The philosopher Merleau-Ponty picks up the concern of philosophy about an aspect hitherto disregarded by some philosophies, *our experience of the world*. He sought to overcome the dichotomy, mainly Cartesian, that separated the subject from the object, the *external spectator* from the *internal spectator*. For the thinker, it was necessary to surpass what he called humanism: the philosophical subjectivism and scientific objectivism, i.e., the dualistic knowledge between the sensible and the intelligible[50]. However, this split could not be understood in any metaphysical field, it was necessary to go back to the grounds of existence. This return culminated in changing the focus on the subject for the focus on the world, on the lived[51,52].

It was based on this perspective that the thinker developed his theory. The world is not closed in itself; man is the one who gives meaning to it, who fulfills it and is also filled by it, i.e., man and the world are intertwined in a mutual constitution, for "man is in the world, and only in the world does he know himself"[52]. Man is constituted by an ambiguity, he is not restricted to the physical-natural world composed of earth, air and water. It is also inserted in a humanized world, where roads, plantations, streets and churches are present[52].

It is in this common physical and cultural belonging that man can recognize others; in this convergence between acts and perceptions that allow what I touch and see to be also touched by the other. There is a social space in which we are already involved when we are born.

It is from this implication that we become a figure in a field of possibilities, being thus understandable to the gaze of the other. To think of freedom not as something absolute, but situated in a *sedimentation of life*. It is about the experience between nature and consciousness, which does not go beyond the body, but through it[51].

However, talking about ethics does not correspond entirely to discussing freedom, since it is necessary to consider an *other* that surrounds and limits it. Man cannot be defined by qualifications, for he is a *global project* prior to *states of consciousness*. Consciousness can never be objectified as a diseased consciousness, and even if the old person regrets her/his old age or illness, s/he can do so only when s/he is in related with others or when s/he sees her/himself through the eyes of others[52].

What man is to himself he is to another. Thus, "even if the human being were imposed on me, with only the way

of being left to my choice, to consider this very choice and without distinction of the small number of possible ones, it would still be a free choice"[52].

It is possible to understand, based on the writings of Merleau-Ponty, that an ethics "is not normative, not given a priori, and extends, so to speak, beyond the anthropological plane, leading to think of its ontological originating dimension"[53 p.5]. With this, it is pointed out the necessity and relevance of an ethical reflection on the discussion of the notion of autonomy in the documents through the theory of Merleau-Ponty.

CONCLUSION

The study points to a limited conception of autonomy in public health policies in the Brazilian context, particularly in the analysis of the National Health Promotion Policy. It is evident that the current strategies overlap with curative actions and invite health users and workers to come up with a new attitude towards the health-disease process in order to control chronic diseases.

This change, influenced by both national and international elements, made the concept of autonomy rise to a place of evidence and relevance, becoming a condition of possibility for these new pedagogic devices to take effect, since this new model of user instituted by the official texts has shown as a right the citizen's ability to be free, responsible and autonomous enough to take care of her/himself.

In this sense, through the analysis of this public policy, it became possible to map the way the term autonomy is expressed officially. It is observed that this policy corroborates with a philosophical perspective that considers the autonomy aspect as a characteristic inherent to the subject. Moreover, the concept of autonomy refers to the philosophical tradition that imagines the subject as rationalist, who names reason as a parameter for any kind of action.

The broadening of the understanding of human action transcending the intellective logic leads to the recognition of a moral regulating instance in the *pathos* dimension. Thus, it became possible to rescue man's worldliness, corroborating that each human act has an idiosyncrasy that needs to be taken into account, a historical-temporal crossing that throws the subject into *ontological insecurity* through every attitude.

The theoretical construction of an ethics in which fragmentations are dissolved by an ontological statute of corporeity immersed in the grounds of existence in its radicality with all the potential loaded in the lived world, proving that any normativity is incarnate in and originates from it, requires a rupture with the current logic, leading to think of the need for a reevaluation in which life and all its specificity become as important as the categories of the understanding derived from it.

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