

MEDICAL ACT: GENERAL CONSIDERATIONS FOR THE DISCIPLINE OF NURSING

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The bill (Proposed Law) 7703/2006 of the House, that regulates the practice of medicine (medical law) and the bill 25/2002 (law of the medical act) require historical, terminological and pragmatic reflections that will be analyzed in this editorial. Within the historical trajectory, the regulation of the medical act emerges as a consequence of the edition of the CREMERJ's (Regional Council of Medicine of the State of Rio de Janeiro, Portuguese acronym) Resolution No 121/98 which defines the term "medical act" and lists the criteria and conditions for the exercise of the medical profession.

This resolution was irrefutably intended to delimit the medical act, and in doing so, it established the categories of the health professionals that are not technically qualified to perform this medical act (CREMERJ, 1998). As a result of the changes made to this category, Senator Geraldo Althoff, MD, proposes bill 25/2002 that defines the medical act and raises other provisions. At the same time, the bill 268/2002 of Senator Benício Sampaio, also a doctor defines the practice of medicine without using the term "medical act".

The convergence of this subject allowed the bill 25/2002 to be included in bill 268/2002, introducing the alternative of the Chamber of Deputies: the draft Law No. 7703/2006, approved on 22 October 2009.

In the approved version - that will be presented to the Senate - the term "medical act" disappears. However, matters of interest to other professions in the health area, to society, and even to the medical discipline remain.

A superficial examination shows that the objective of the medical performance is defined as "the health of human beings and human communities" (Article 2), however, the activity in which the doctor has exclusive action is: "the formulation of nosological diagnosis and the respective therapeutic prescription" (Item I of Article 4). In paragraph 1 of Article 4, the nosological diagnosis is defined as "the determination of the disease that affects humans, defined here as an interruption, suspension or alteration of the body, its systems or the function of its organs [...]".

Doctors should expect problems that arise from this paradoxical condition between what is complex which is objectified (the health of people) and what is simple that is exercised (the diagnosis treatment of diseases).

Despite the many questions that doctors and other professionals have, our position here is to clarify which is the greatest challenge of nursing.

In the conceptualization of the nature of the discipline and field of practice, physicians are defined as those who diagnose illnesses, practice surgeries and invasive procedures, guide and teach other doctors medicine (Bill 7703/2006).

Nursing is still in the process of defining care as its epistemological goal, although it has taken the initiative of establishing its particular and shared responsibilities, in Act No. 94.406/1987 (Brazil, 1987). Therefore, we hope that this discipline will intensify the recurrent debate in relation to "what is and what is not nursing".

In the field of the definition of contexts, special attention must be given to the diagnosis and treatment in nursing. If on one hand, the association of the term "disease" with the term "nosological" defines the medical action, on the other hand, we expect problems to arise from the explicit reference to diagnoses non-exclusive to doctors, presented in paragraph 2 of Article 4. Furthermore, we think there will be some debate in relation to the issue of diagnosis, especially because of the COFEN Resolution 314/2009, that includes the definition of diagnosis in nursing and places it as a basis for the actions and interventions of nursing care (COFEN, 2009). It should be noted that some nursing diagnoses that are classified are functional diagnostics, even if they are not diseases.

Finally, we must expect many phases in a process that cannot be reversed: the definition of the limits of the health professions in Brazil