

ADHERENCE TO TUBERCULOSIS TREATMENT: A FOUCAULDIAN CARE PERSPECTIVE

ADESÃO AO TRATAMENTO DA TUBERCULOSE: UMA PERSPECTIVA DO CUIDADO DE SI FOUCAUTIANO

ADHESIÓN AL TRATAMIENTO DE LA TUBERCULOSIS: UNA PERSPECTIVA DESDE “EL CUIDADO DE SÍ” DE MICHEL FOUCAULT

Rayla Cristina de Abreu Temoteo¹
Jovanka Bittencourt Leite de Carvalho¹
Viviane Euzebia Pereira Santos¹
Yanna Gomes de Sousa¹
Soraya Maria de Medeiros¹

¹ Universidade Federal do Rio Grande do Norte – UFRN, Departamento de Enfermagem, Natal, RN – Brazil.

Corresponding author: Rayla Cristina de Abreu Temoteo. E-mail: raylacrz@hotmail.com
Submitted on: 2017/12/20 Approved on: 2018/04/23

ABSTRACT

Objective: to reflect on adherence to treatment of tuberculosis in the light of self-care in Michel Foucault. **Method:** Reflection, based on the assumptions of Foucault's hermeneutics of the subject and pertinent literature. **Results:** self-care concerns the perception of the subject; their self-knowledge; and to the execution of his own care. In adherence to the treatment of tuberculosis, the subject has more dominion over him, the disease does not represent external disturbance since the care developed throughout its existence cannot be disturbed, not even by the disease. There are factors that can intensify this disturbance: low schooling, unemployment, alcoholism, re-entry after abandonment and stigma. **Conclusion:** it is necessary to recover the principles of self-care, which can influence the self-care, so that it externalize the perception about its treatment, making possible the implementation of actions more directed to the subjectivity of the patient and favoring the accession process.

Keywords: Patient Compliance; Self Care; Philosophy; Tuberculosis; Therapeutics.

RESUMO

Objetivo: refletir acerca da adesão ao tratamento da tuberculose à luz do cuidado de si em Michel Foucault. **Método:** reflexão baseada nos pressupostos de “A hermenêutica do sujeito” de Foucault e literatura pertinente. **Resultados:** o cuidado de si diz respeito à percepção do sujeito; seu autoconhecimento; e à execução do seu próprio cuidado. Na adesão ao tratamento da tuberculose, o sujeito apresenta mais domínio sobre si, a doença não representa perturbação externa, pois o cuidado desenvolvido ao longo da sua existência não pode ser perturbado, nem mesmo pela doença. Há fatores que podem intensificar essa perturbação: baixa escolaridade, desemprego, etilismo, reingresso após abandono e estigma. **Conclusão:** torna-se necessário o resgate dos princípios do cuidado de si, o que pode influenciar o voltar-se para si, para que exteriorize o perceber sobre seu tratamento, tornando possível a implementação de ações mais direcionadas à subjetividade do doente e favorecendo o processo de adesão.

Palavras-chave: Cooperação do Paciente; Autocuidado; Filosofia; Tuberculose; Terapêutica.

RESUMEN

Objetivo: reflexionar sobre la adhesión al tratamiento de la tuberculosis desde la perspectiva del “cuidado de sí” de Michel Foucault. **Método:** reflexión basada en los presupuestos de “La hermenéutica del sujeto” de Foucault y en literatura pertinente. **Resultados:** el cuidado de sí se refiere a la percepción del sujeto, su autoconocimiento y la realización de su propio cuidado. En la adhesión al tratamiento de la tuberculosis, el sujeto presenta mayor dominio sobre sí mismo, la enfermedad no representa una perturbación externa, pues el cuidado realizado a lo largo de su existencia no puede ser perturbado, ni siquiera por la enfermedad. Hay factores que pueden intensificar esta perturbación: baja escolaridad, desempleo, etilismo, regreso tras abandono y estigma. **Conclusión:** es necesario rescatar los principios del cuidado de sí, que puede influir en el volcarse en uno mismo, para exteriorizar el percibir sobre su tratamiento, lo cual permite la implementación de acciones más orientadas a la subjetividad del enfermo y favorece el proceso de adhesión.

Palabras clave: Cooperación del Paciente; Autocuidado; Filosofía; Tuberculosis; Terapêutica.

How to cite this article:

Temoteo RCA, Carvalho JBL, Santos VEP, Sousa YG, Medeiros SM. Adherence to tuberculosis treatment: a foucauldian care perspective. REME – Rev Min Enferm. 2018[cited ____];22:e-1118. Available from: _____. DOI: 10.5935/1415-2762.20180053

INTRODUCTION

Tuberculosis is still a serious public health problem and an infectious disease with a higher mortality rate, surpassing malaria and human immunodeficiency virus (HIV) together. The World Health Organization issued a global report on tuberculosis worldwide in 2017 and found that there were 53 million deaths between 2000 and 2016, of which 6.3 million in 2016. The estimated number of incidents in 2016 occurred in the region of Southeast Asia (45%), the African region (25%), the Pacific region (17%), the Eastern Mediterranean (7%), Europe (3%) and the Americas region (3%).

However, with several challenges facing tuberculosis, the difficulty/lack of adherence to treatment is one of the greatest roles, both for those who work and those who investigate in the area, which may imply social or epidemiological consequences and, consequently, the persistence picture. Some of them are: increased relapse rate, drug resistance, persistent source of infection, increased mortality, and increased treatment time and cost.²

The adherence to the treatment of tuberculosis is a complex process, constantly under construction, which refers not only to an act of personal volition, but a process associated with life, involving the daily life of the person, the organization of work processes in health and accessibility, considering the processes that lead or not to the development of life with dignity.³

This concept of adherence is based on the interrelation of three planes of interpretation: the individuals' conception of the health-disease process, that is, the broader his understanding, the greater the possibility of involvement in his process, making him susceptible of modifications; the social place occupied by the individual, in which he considers all the elements that integrate life in society and the basic needs for the development of life; and the process of production of health services, which must act in the transformation of the epidemiological profiles through listening and bonding.³

Therefore, it is necessary to know the patient's reaction to his own picture. Such a reaction concerns the construction of a meaning for the existential situation of the patient during the treatment period. The behavior of the patient in the healing process should be valued in the achievement of the integrality of the treatment, which is one of the most important factors for the therapeutic success.⁴

Reflecting philosophically on the complex process that is the adherence to treatment of tuberculosis and factors that interfere directly or indirectly can help in understanding the reality of the considerable number of patients who do not adhere to the recommended treatment, as the meaning of this process thinking in the perspective of the self-care of the patient is understood in more depth.

Therefore, it is possible to reflect on the adherence to the treatment of tuberculosis from the philosophical approach of

self-care in Michel Foucault, starting from the idea that the act of adhering to the treatment of tuberculosis is extremely complex and involves the need to worry about themselves and take care of themselves, among other factors.

Epidemiological studies contribute to the development of knowledge about adherence to treatment. However, they are more broadly focused on the attributions of professionals and family members and generally do not emphasize the role of the patient in this process. Thus, such a reflection becomes timely, since such approaches are not enough to go deeply into the complexity of this object. Based on the philosophical understanding of this process and the factors that interfere with it, it is possible to better direct the elaboration and adoption of effectively directed practices for the control of the disease.

From the problematic exposed, the following questions arose: how can the person with tuberculosis be perceived before the decision to adhere or not to the proposed treatment? How the factors already related to non-adherence to tuberculosis treatment in this process can be perceived? Therefore, this study aimed to reflect on adherence to treatment of tuberculosis based on the self-care in Michel Foucault.

Therefore, it is a reflexive study about the theoretical and philosophical conception about self-care in Foucault, as well as the perception about the individuals' decision to adhere or not to treatment and about factors that may interfere in the process of adherence to treatment of tuberculosis found in the literature, based on the conceptions of self-care in Michel Foucault's "The hermeneutics of the subject" and the pertinent literature on the subject.

THEORETICAL AND PHILOSOPHICAL CONCEPTIONS ON MICHEL FOUCAULT'S SELF-CARE

Michel Foucault (1926-1984) is a French philosopher considered a critic of himself and very influential among contemporary intellectuals. He approaches self-care in one of his major works produced by transcribing the course taught at the *Collège de France* in the 1981 and 1982, which was later published with the title of "The hermeneutics of the subject". In his study of self-care, Foucault addresses the notion of "self-care" attempting to translate a Greek notion which he says is rather complex and rich in relation to the need to engage with himself, to concern with himself. In Greek, this idea was called *epiméleia heautoû*.⁵

In order to characterize self-care, according to some designations, the authors shows: a way of being for oneself, for others, for the world, the way one looks at things, being in the world, practicing actions, with each other; a form of attention, of looking, that in order to take care of oneself it is necessary to convert the gaze from the outside, from the world, from others,

to “himself”, compares it to exercise and meditation, implying a certain way of being attentive to what is thought and what happens in thought; and also some actions that are exercised from self to self, actions by which the individual assumes himself, modifies himself, purifies himself, and transforms himself.⁵

In order to take care of himself, it is necessary to know himself, it is necessary to quit the sensations that deceive, as well as to separate the soul (considered as the self) from all external events, and this is only possible as the subject is known. The development of self-care is also that of the notion of salvation (saving oneself, realizing one’s salvation). Thus, Foucault explains that the expression “to save oneself” not only has the negative character of escape from danger, “to save oneself” has positive meanings related to fortitude, to defense, to defend himself effectively. Whoever is saved is in a state of alertness, of dominion, of sovereignty over himself, which allows him to repel all attacks, restoring freedom and independence.⁵

To save oneself then means: “to maintain oneself in a permanent state that nothing can change, whatever the events that happen around”. For Foucault, the term salvation refers to life itself, it is a continuous activity of life whose only operator is the subject itself. Lastly, the goal of “to save oneself” concerns the act of becoming inaccessible to misfortunes, to external disturbances, and also to finding in oneself all satisfaction, necessitating nothing beyond oneself. For this, Foucault uses the following themes: *ataraxia* (absence of disturbance, self-control that does not allow anything external to cause disturbance) and *autarcia* (self-sufficiency, need only of itself) as reward forms as a consequence of the care of if exercised in the course of the whole life of the subject.⁵

These meanings represent the philosophical picture of the origin of the term. However, the term self-care has also added a connotation of a self-culture, becoming a social practice, a mode of relationship between individuals; a kind of principle of control of the individual by others; the establishment of a relation of the individual with himself, that comes to be related to the relationships of himself with the other.⁵

Self-care presupposes practical activities, such as the practice of resistance, which consists in concentrating the soul on itself, enabling it to withstand painful and difficult trials and to withstand the temptations that may arise. In self-care, taking care of oneself is revealed as a practice to be exercised throughout one’s life, which refers to the idea of education, of which all life is an education. The self-care of self *heautoû epiméleia* consists in educating oneself and to use, for this, all the misfortunes of life.⁵

Finally, this self-care permeates beyond self-relationships, and also considers self-relationships to others. When it is the task of governing others, the subject can only do so according to the model he uses in self-government. In this way, self-care, as a consequence, must induce the conduct by which we are finally and effectively able to take care of others.⁵

Thus, self-care is considered a generative practice of action through resistance and learning from the misfortunes of life and external events. The relationship of this philosophical approach in Foucault with the care of the person with tuberculosis, from the point of view of adherence to the treatment, is established.

PERCEPTION ABOUT THE PERSON WITH TUBERCULOSIS: THE SELF-CARE AND THE DECISION TO ADHERE OR NOT TO TREATMENT

Tuberculosis is known as a disease that significantly changes the lives of people affected, whether in their personal or social life. These influences of illness on the life of the sick person end up not only physically debilitating those who become sick, but also try to bring about psychological implications and impact on how the person perceives and relates to himself and others in the environments in which he lives, including in the way of self-care. Therefore, the subjective dimension of the process of becoming ill should be valued, since, from this, strategies can be found that aim at raising awareness of the person with tuberculosis on the disease and its treatment.⁶

As discussed earlier, although the adherence process does not consist only of a personal decision-making act, one of the interpretation plans on this adherence considers that the broader the understanding, the perception of the subject about his health-disease process, the greater his possibility of involvement in the resolutivity, which makes it susceptible of modifications, consequently, adhering more easily to the treatment.³

This plan of interpretation fits in with the characteristic approach to self-care in Foucault, when he treats of the way the subject looks at things, being in the world, practicing actions from himself to himself; that in order to take care of oneself he must be aware of what one thinks, what is happening in one’s mind.⁵

When considering the process of adherence to treatment of tuberculosis, the subject has more self-control. In this way, illness does not represent an external disturbance in his life, and so this care developed throughout the existence of the subject cannot be disturbed by something that is external to him, not even by illness, being in a state of *ataraxia*, referred to in Foucault.

Thus, it refers to the process of not adhering to the treatment of tuberculosis as the proof of the need for self-overcoming by the person affected by the disease, just as the state of *ataraxia*, characterized in Foucault, was not reached, because tuberculosis represents an external disturbance that interferes with the self-care of those who are disturbed.

Due to the significant consequences of this process of non-adherence to treatment, it is considered essential to discuss factors related to tuberculosis that can contribute to this being perceived by the subject as something so disturbing that

interferes with the self-care, making the process of adherence not be favored.

TUBERCULOSIS AS AN EXTERNAL DISTURBANCE: THE SUBJECT WITH A DISTURBED SELF-CARE

Especially when considering the presence of some aspects of vulnerability, people with tuberculosis may represent a risk group to present unfavorable treatment outcomes, which means that they may more easily not adhere to treatment.³

The greater frequency of discontinuation of tuberculosis treatment is observed in young adults with low education and alcoholics among the many other aspects of vulnerability.⁷ Young adults are more predisposed to drug use and alcoholism, which represents causes of rupture of bonds with health services. Low education level may result in a reduced degree of awareness of the disease and its severity. Also, the lack of information about the disease and the false perception of cure can lead patients to discontinue therapy before its completion.^{8,9}

The existence of factors that may be intensifying the disturbance of the subject before the practice of self-care when linked to tuberculosis is commonly perceived. For Foucault, the individual must know himself to become inaccessible to these misfortunes.⁵ This seems to be a difficult task, given the context in which many patients live, given the socioeconomic problems presented. However, self-care must be regardless of such conditions.

Also, unemployment and re-entry after abandonment are also identified as important factors associated with non-adherence. The fact of being unemployed can mean a precarious condition, and even the costs of transportation may be grounds for non-adherence. Re-entry after abandonment can be a very important indicator of discontinuation of treatment, considering the possibility of acquisition of drug resistance, which makes treatment more expensive and triggers a high risk for people who maintain contact with the patient.¹⁰

It can be seen that self-care is disturbed by such events due to the inability to resist and to endure the painful trials that the lack of a fixed income can bring about as a consequence for the life of a person. It is also impossible to take care of the other when you do not take care of yourself first, do not take care that others do not get sick, considering that those who take the position of not doing the treatment put at risk the people with whom he contacts, being a contagious disease.⁵

Furthermore, stigma and discrimination are factors that may be related to treatment abandonment in addition to delaying diagnosis, which contributes to the development of drug-resistant strains.¹¹ According to Foucault,⁵ when the individual intimidated by the accusations of others, he has a disturbed self-care, because he cannot save himself, he can defend himself effectively, and it is

not possible to repel all attacks around him, and this is a continuous activity that can only be by the subject himself.

However, there is a need to recover the principles of self-care in approaching people with tuberculosis. Therefore, it is imperative that health professionals understand that adherence to tuberculosis treatment does not only concern an individual decision and that the subjectivity of the individual should be considered in its most comprehensive form, in order to identify the factors that may hinder the achievement of self-care and the consequent adherence to treatment.

It should be emphasized that, regardless of the factors that may cause disruption to the patient in the process of adherence to tuberculosis treatment, the way health professionals approach these patients and their disruptive factors should be modified.

CONCLUSIONS

It is necessary to bring the tuberculosis back to himself, into his interior, to externalize his perception about the disease and his treatment to understand tuberculosis as a disturbance that interferes with the care of the individual. This enables the implementation of actions more directed to the subjectivity of the patient.

Therefore, it is considered essential that the approach of the person with tuberculosis by the health professional aims to efficiently understand how the individual perceives himself as ill, what he thinks about the disease and his role in the resolution of the disease to recognize his potential coping, resilience, "salvation" as well as his potential pattern for self-care through illness and adherence to treatment.

Being committed to encouraging self-care, even in the face of adversity, is a challenge that must be accepted by every professional who believes that adherence to tuberculosis therapy is possible, as well as reflect on self-awareness, the need to take care of himself. Focused on himself can be one of the biggest gaps in favoring adherence to tuberculosis treatment.

One limitation of this reflective work was not to address the programmatic difficulties related to health services that may interfere with the self-care of the subject.

REFERENCES

1. Organização Mundial da Saúde. Global Tuberculosis Report 2017. Geneva: OMS; 2017. [cited 2017 May 27]. Available from: <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1>
2. Sá LD, Gomes ALC, Nogueira JA, Villa TCS, Souza JKM, Palha PF. Intersectorality and bonding in tuberculosis control in family health. *Rev Latino-Am Enferm*. 2011[cited 2017 May 27];19(2):387-95. Available from: <http://www.scielo.br/pdf/rlae/v19n2/22.pdf>
3. Bertolozzi MR, Nichiata LYI, Takahashi RF, Ciosak SI, Hino P, Ferreira do Val L, et al. The vulnerability and the compliance in Collective Health. *Rev Esc Enferm USP*. 2009[cited 2017 May 27];43(2):1326-30. Available from: http://www.scielo.br/pdf/reeusp/v43nspe2/en_a31v43s2.pdf

4. Silva RD, Luna FDT, Araújo AJ, Camêlo ELS, Bertolozzi MR, Hino P, et al. Patients' perception regarding the influence of individual and social vulnerabilities on the adherence to tuberculosis treatment: a qualitative study. *BMC Public Health*. 2017[cited 2017 May 27];17:725:1-9. Available from: <https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/s12889-017-4752-3?site=bmcpublihealth.biomedcentral.com>
 5. Foucault M. *A hermenêutica do sujeito*. 2ª ed. São Paulo: Martins Fontes; 2006.
 6. Moura PHP, Sousa-Muñoz RL, Candeia RM. Busca de Tratamento por portadores de tuberculose pulmonar: estudo qualitativo baseado no modelo "Comportamento de Enfermo". *Rev Bras Ciênc Saúde*. 2013[cited 2017 May 25];17(1):19-28. Available from: <http://periodicos.ufpb.br/index.php/rbcs/article/view/13796/9401>
 7. Soares MLM, Amaral MAC, Zacarias ACP, Ribeiro LKNP. Sociodemographic, clinical and epidemiological aspects of Tuberculosis treatment abandonment in Pernambuco, Brazil, 2001-2014. *Epidemiol Serv Saúde*. 2017[cited 2017 May 27];26(2):369-78. Available from: http://www.scielo.br/pdf/ress/v26n2/en_2237-9622-ress-26-02-00369.pdf
 8. Silva PF, Moura GS, Caldas AJM. Factors associated with pulmonary TB treatment dropout in Maranhão State, Brazil, from 2001 to 2010. *Cad Saúde Pública*. 2014[cited 2017 May 27];30(8):1745-54. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2014000801745
 9. Lopes RH, Menezes RMPM, Costa TD, Queiroz AAR, Cirino ID, Garcia MCC. Fatores associados ao abandono do tratamento da tuberculose pulmonar: uma revisão integrativa. *Rev Baiana Saúde Pública*. 2013[cited 2017 May 25];37(3):661-71. Available from: <http://files.bvs.br/upload/S/0100-0233/2013/v37n3/a4467.pdf>
 10. Furlan MCR, Oliveira SP, Marcon SS. Factors associated with nonadherence of tuberculosis treatment in the state of Paraná. *Acta Paul Enferm*. 2012[cited 2017 June 26];25(1):108-14. Available from: <http://www.scielo.br/pdf/ape/v25nspe1/17.pdf>
 11. Souza EP, Barbosa ECS, Rodrigues ILA, Nogueira LMV. Prevenção e controle da tuberculose: revisão integrativa da literatura. *Rev Cuid*. 2015[cited 2017 May 27];6(2):1093-101. Available from: <https://www.revistacuidarte.org/index.php/cuidarte/article/view/178/452>
-