RESEARCH

NETWORKS TO CARE WOVEN BY ELDERLY AND HER FAMILY EXPERIENCING SITUATIONS OF CHRONIC ILLNESS*

REDES PARA O CUIDADO TECIDAS POR IDOSA E FAMÍLIA QUE VIVENCIAM SITUAÇÃO DE ADOECIMENTO CRÔNICO

REDES PARA EL CUIDADO TEJIDAS POR UNA ANCIANA Y SU FAMILIA QUE VIVEN SITUACIÓN DE ENFERMEDAD CRÓNICA

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ABSTRACT

The study aimed to understand how to make up the support networks of care and support woven by the family of the elderly on a chronic illness who lives alone. Case study of qualitative approach, used the History of Life Interview and Focus in depth as methodological strategies. To organize and analyze data, use the network design support and support woven by the person and family, this being one of the tools that comprise the therapeutic. They are part of the support network of older, active elements, which are constant throughout the illness experience with its members participating in a more continuous care to the elderly and thus becoming a more affectionate ties. It is the support network was considered passive, having to be "triggered" by the family in the search for care undertaken. We emphasize that this network is part of the doctor's confidence that the old meets for twenty years, with whom it develops a loving relationship, it is characterized by the concept of bonding in health, because it is woven by the family and elderly with the professional, and not otherwise. We conclude that, even with passive elements in your support network, which often proved ineffective in helping the health care of the elderly, the family can keep the "balance" positive in caring for elderly, because it has a strong support network, which allows care to happen even if the family does not co-inhabit the same residence.

Keywords: Aged; Family; Social Support.

RESUMO

O estudo teve por objetivo compreender como se compõem as redes de apoio e sustentação do cuidado tecidas pela família à pessoa idosa que reside sozinha e está em situação crônica de adoecimento. Estudo de caso de abordagem de qualitativa em que foi utilizada a história de vida focal e a entrevista em profundidade como estratégias metodológicas. Para organização e análise dos dados, utilizou-se o desenho da rede de sustentação e apoio tecida pela família e idosa, sendo esta uma das ferramentas que compõem o itinerário terapêutico. Os elementos ativos fazem parte da rede de sustentação da idosa e são constantes ao longo da experiência do adoecimento, pois seus familiares participam de modo contínuo do cuidado à idosa e se constituem por laços mais afetivos. Quanto à rede de apoio, foi considerada passiva por ser "acionada" pela família nas buscas por cuidado empreendidas. Cabe ressaltar que faz parte dessa rede o médico de confiança da idosa, que a atende durante 20 anos e com quem está desenvolve uma relação afetiva; mas não se caracteriza pelo conceito de vínculo em saúde, pois esta é tecida pela família e a idosa com o profissional responsável. Assim, concluiu-se que, mesmo com elementos passivos em sua rede de apoio, que por vezes se mostraram pouco eficazes no auxílio ao cuidado à saúde da idosa, a família apresenta posição favorável no cuidado à mesma, pois possui uma rede de sustentação sólida que permite que o cuidado aconteça mesmo que não coabitem a mesma residência.

Palavras-chave: *Idoso; Família; Apoio Social.*

RESUMEN

El estudio tuvo como objetivo comprender cómo se forma la rede de apoyo y sustentación de cuidados tejida por la familia de una persona mayor que vive sola en situación crónica de enfermedad. Estudio de caso cualitativo que utiliza la historia de vida focal y la entrevista en profundidad como estrategias metodológicas. Para organización y análisis de los datos, utilizamos el diseño de la red de sustentación y apoyo tejida por la persona

enferma y su familia, una de las herramientas que componen el itinerario terapéutico. Los elementos activos forman parte de la red de sustentación de la anciana y son constantes durante la experiencia de la enfermedad, porque sus familiares participan continuamente del cuidado se trata de lazos afectivos. Sin embargo, la red de apoyo fue considerada pasiva por ser "impulsada" por la familia en la búsqueda del cuidado realizado. Destacamos que el medico de confianza de la anciana, que la atiende desde hace veinte años, forma parte de esta red. Hay entre los dos una relación afectiva que no se caracteriza como vínculo de salud porque la familia y la anciana tejen la red con el médico y no al revés. Concluimos que, a pesar de los elementos pasivos a veces poco eficaces, la familia logra atender a la persona enferma porque la red establecida es sólida y funciona correctamente aunque las personas no vivan en el mismo domicilio.

Palabras clave: *Anciano; Família; Apoyo Social.*

INTRODUCTION

The elderly population has shown significant growth in recent years and the preliminary data from the last census conducted by the Brazilian Institute of geography and statistics (IBGE) shows that this population grows from 5.9% in 2000 to 7.4% in 2010.[1] according to the last census, 48.9% of elderly Brazilians present more of an chronic aggravation and, aged 75 years of age or more, the concomitance of chronic diseases affects 54.0% of that population.[1] With it, becomes worrisome also the increase of chronic-degenerative diseases, many of them aging themselves.[2]

As a result of this profile of morbidities, the elderly person carries a "prejudice" of fragility and vulnerability, due to the fact of aging be a predisposing factor – although not essential – for certain diseases. The idea of the elderly person as fragile and in need of support and protection, is that family care to the elderly has become an obligation imposed by law with the promulgation of the Statute of the Elderly.[3]

Studies have shown that the family is the main core of care of their diseased members.[2,4,5] Some of them claim that family care becomes even more intense and arduous when the sickperson experience a chronic condition, since it affects not only his life, but the whole family because they produce their rearrangements allow face the new reality.[2,5] it is permissible to say that the family take care at all times of illness, whether those of remission of symptoms or their "silencing", when the care become somewhat "routine", whether in the exacerbation periods, when the elderly need to produce your own care and also seek professional care so more intense. In that deal, the family is concerned not only with the physical health of the person sick, but with your well-being and happiness, performing in this way, personal care.[6]

Thereby, the front differential requirements that appear dynamically throughout the period of illness, the family weaving networks to support and/or support that care usually from close relations with relatives, friends, neighbors and institutions such as churches, services and health professionals, among others. These "informal ties are essential in the daily support of family life",[7:36] making it possible that the watch be kept so long continued and when non-permanent, with alternatives to face the charges of the illness.[8]

To cope with the illness of the elderly person, the weaving of networks is even more vital, often resulting from the synergy of concomitant aggravations in its manifestations and of course long or permanent.[6,9] studies have shown that weaving assumes dynamic character, because there is "a structured network" to be thrown by the family: she's being woven and set in motion in different ways along the illness experience.

In these networks, you can highlight the people who are more constant and permanent and that provide the necessary support so that the family can take care; and the other, which are less constants or one part so more punctual, usually in times of exacerbation of chronic condition when the search for care is more intense, and therefore more supportive character.[9] But both people that make up the network of support as those that make up the support network are participating in order to extend the potential of family care.[10]

Based on this understanding, we bring in this study the situation of life and illness of elderly with multiple chronic concomitant aggravations, that resides on your own for your option and whose family needed to rearrange itself to produce the necessary care to her. Although the elderly don't need care considered "direct" as it performs its daily activities and hygiene of food, it is necessary that the family produce other health care and with the maintenance of the House. The family, in turn, is aided by support and network support woven in such a way as to ensure the care of the elderly, as well as their potential to take care of the elderly.

In this way, the study had as objective to understand how the support networks comprise and care support for elderly person family woven residing alone and are in a situation of chronic illness.

METHODOLOGY

Case study of qualitative approach, which allows you to understand people in their environments and seeks a rapprochement of the meanings given to experiences[11] This study mode of a single "event[12] allowed to seize so deepened, the experience of illness and care of an elderly person and their family, understanding the ways these people rearrange their daily lives

to confront the situations generated from the illness, which only becomes possible to diving in its history.

For the search of the subject of study we have maintained the selection criteria in accordance with the matrix to which this research study links, which were:

a. being a person who experiences one or more chronic condition;
b. be user of the unified health system (SUS) in any of its levels of attention;
c. have accessed a legal authorities to guarantee their right to health. How specificity of this study, we chose as a criterion be elderly person – 60 years or older and experience the chronic condition by arterial hypertension or respiratory diseases, since the two biggest causes of death and hospitalization of the elderly in Brazil and in our State.[13]

In this way, the subject of this study is Dona Lady (all names are fictitious, ensuring the anonymity of the subjects), 79 years old, his daughter Anne and son-in-law Carlos, for being the main caregivers and be closer to their daily lives, by setting in mainstay of elderly support. She is attacked by several chronic diseases, such as hypertension, Dyslipidemia and labyrinthitis; the latter brought about an episode of a fall, causing difficulty in walking, doing with requiring a cane as an aid.

For seizure of the data has been used focal life story, operationalized by the in-depth interview, which made it possible to understand how these people give meaning to the experience of illness, how to perform the search for care and woven networks for this [14] were held four meetings at the home of Mrs. young lady, with their presence and that of Ana and Carlos, in the period from February to August 2011. The narratives were transcribed in full and the observations of the researchers recorded, composing both the field journal. Respondents individually signed an informed consent (TFCC), respecting all ethical precepts laid down by Resolution 196 of the National Council of health, being the study approved by the Research Ethics Committee of the Hospital Universitário Julio Muller.

An initial organization and analysis of data was carried out the design of the support network and support weaved by person and family, this being one of the tools that comprise the Therapeutic Itinerary, technology that allows to understand the illness experiences of individuals and families and their modes of mean and produce the necessary care[15] the design enabled networks sort graphically and analyze the support that the elderly and their family had throughout his illness and care experience.[16]

After this first phase of construction of the support network design and support, comprehensive readings were made of narratives, seeking meanings units which together comprised the axis of meaning for us named "potential for care on the experience of illness and care of owner Missy and family". This axis has emerged the category "support for care", composed of two subcategories: "active support-ties ' tied ' along the experience of illness and care of owner Missy" and "passive restraints – ' participation in occasional moments of ' driven experience of illness and care of Young lady".

RESULTS AND DISCUSSION

Mrs. Missy lies alone, by choice, and her children respected her wishes; because of this, the family had to rearrange itself to maintain the care she required. As the care takes place in different spaces of those where Ana and Carlos, caregivers elderly main, live, also the support network and support weaved by family needed to conform to different modes, which are explained in Figure 1:

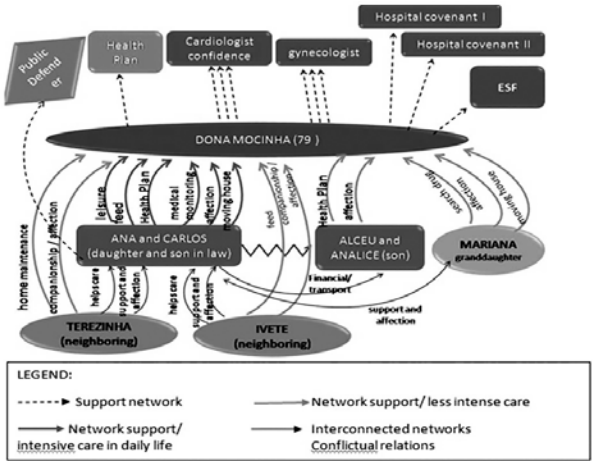

Figure 1 - Support network and between networksfor the care of the young lady and owner.

Figure 1 shows the young lady in the center and its network of support displayed on the bottom, in order to represent the elderly being "sustained" for her. This network part people of his family and two neighbors enough close to the elderly. The relations established between such people and Mrs. Missy were indicated by arrows of different tonalities, demonstrating the intensity of these relationships. In addition, the direction of the arrows is indicative of the movement undertaken. The support network is more constant throughout the experience of illness, with its members taking part in continuous mode of elderly care, constituting by more affective ties.[9]

At the top of the figure has a support network and its position in the design seeks to represent that, unlike the network of support, she should be "thrown" in the search for care undertaken by the family, having participation, especially in times of exacerbation of the aggravations of the elderly. The young lady with the Owner binding elements that constitute this network was indi-

cated by dotted lines, expressing that relations between them are less intense and less link [9] Also the direction of the arrows on that network expressed the movement's quest for family and/or elderly and not proactive availability of a member of the network for care.

This network, in the history of Miss Missy, consists of a medical examiner, who is a cardiologist, the gynecologist and the unity of the family health strategy (FHS) of your neighborhood, two hospitals that are sought after in times of any painful feeling and the public defender's Office, which has been thrown to the supply of high-cost medications.

Thus, from the narratives of elderly and, especially, of his daughter and son-in-law, it was noticed that the elements that constitute the networks Owner care young lady, depending on the movement that print production and search for care, can be characterized as "active support" and "passive restraints". The first, i.e. those who portray themselves as active support, are people who maintain more constant and routine interaction with the elderly; already passive restraints are those of irregular and less frequent interaction[17] thus, it is understandable that the supports are the assets that establish "proximity" affective ties and help with the person sick and passive restraints are those that need to be "triggered" in specific moments of the experience of illness in the elderly.

For educational purposes, they are presented separately, providing better understanding of what these affects produce the experience of illness and care to its owner Missy and his family.

Active support: the ties "tied" over the experience of illness and care to its owner Missy

Shall be considered as active support network members of elderly support are present, so close and intense, throughout her illness experience, producing the care that she needs or providing essential elements for this watch happens. So, you could say that people who are active on the network support both produce directly the care as can enhance care produced by others, providing the necessary conditions for it, being therefore considered proactive care to its owner Missy.

For being informal, active supporters have more relevance because of the bond that establish with the person sick and also with the other members of the network; and being elderly person, they have benefits over your physical and mental health.[18]

Support network of Owner Missy part, first, their own children, having as mainstays of this network a daughter, Anne, and son-in-law, Carlos, that act in order to enhance the potential of care of the elderly, helping in maintaining the House, promoting the search for medical follow-up, assisting in the funding of cooperative health plan and providing leisure, among others, as shown in Figure 1.

On another level this network of care, not least in the narratives of Owner Missy, but that present themselves in the background in the perception of Ana and Carlos, are the other children of the elderly, Alcaeus and Parwin. These participating in care, especially with help to pay the mother's health plan, together with Ana and Carlos. And, even not residing together with the elderly and not so present in their daily lives, they are also loving and attentive to her.

Finally, still as active family support to Mrs. Young lady, is one of his granddaughters, Mariana, and her husband, who, in addition to the affection and the company in a few weekends, they also help to clean the House of the grandmother, who is also held by his aunt Anne. The husband of Mariana, sometimes those seeking high-cost medications at the Pharmacy Law.

Thus, one realizes that this network of support formed by the family of Owner Missy also configures, between its elements, the "self-help networks" (Figure 1); that is, establishes a form of help between people and families who emerges from the dynamics of interpersonal relationships to seek to overcome their everyday needs.[19]

From right to left in Figure turns out that Mariana and her husband are part of the support network of Ana and Carlos, since she's the one who was with Ana Dona House Cleaning Lady, on Saturdays: "Saturday is now Mariana, next another Saturday just me! So, it's always been that way! Just me and Mariana! Has [emphasis] another person "(Ana). It is noticeable, too, the existence of a relationship of affection between them.

In turn, Ana and Carlos are part of the support network of Alcaeus and Parwin, offering them help, especially with transportation, at various times, such as when Alceu was gravely ill, as a result of a diverticulitis: "He [Alceu] had already admitted one day Carlos had to run co he was stopping there in the Hospital."(Young lady); or when the death of Thetel, another daughter of Owner Missy, who resided in a nearby town:

> *There too we put, we did everything we could to take her and the other, and then we took... and we had taken a car, fill with every family, we take, there went in 3 cars [...] Everything we could within our condition we did, huh? (Carlos).*

In addition to this network of mutual aid within the family, there is another that is configured between Ana and Carlos and the neighboring Owner Missy, Terezinha and Ivete, which help the couple to take care of the elderly: "thank God I have she [...] All that I'm like that, I ask for her [nearby] "(Ana).

These relationships that arise between members of support networks on the story of Owner Missy are configured as networks composing other networks, showing its members supporting each other in various ways in the daily care. When it comes to Mrs. Missy, the broader network is drawn around it,

for their care and well-being, involving various members; However, among the members of your support network there are also interactions that enable them to help each other as well as to the elderly. In this dynamic movement, noted that Ms. Missy is supported directly and indirectly, from the help of their loved ones, and these give you emotional tranquility: "thank God I'm protected" (Dona little lady).

These self-help networks seem to be essential in situations of illness continued and extended (as in the case of Owner Missy, which coexists with several chronic diseases) because they allow a more expanded and personalized care to the elderly, enabling her to *Live* alone, but do not *Live* alone, since even the family doesn't co-habiting with her, the members carry out various arrangements in their daily lives so they can take good care of her.

The help of neighbors, Ivete and Terezinha, also shows how important support for the family, supporting her in this watch. And although Ana, Carlos and Dona Girl have a good relationship with both, Terezinha seems to have a stronger bond with the family, as the narratives: "that's partner memo" (Carlos); "Everything I am, so I ask her [Drew]" (Ana). Terezinha also constitutes a source of information for Ana and Carlos, when they can't go directly to elderly and want to know news about her. Went to Ana Terezinha called when it happened the episode the fall of Owner Missy, at which time she was 2:0 pm on the floor of his room: "' Grandpa turn to Mommy now!' [...] What I called here didn't answer! There, in a little while ' Grandpa turn again '. I Called. Knock, Knock, Knock, Knock, and Knock!! To fell the call! Then I freaked out! Then I called Terezinha "(Ana).

Besides making company for Owner Missy during different periods of the day, Terezinha also helps in cleaning your House. The narrative of Owner Missy also shows the neighbor's concern for her:

> *One day she came over and I was ... I spent the time di lift, right, and I was more co sleep and was lying. Then she comes on ... [referring to the window of your room]: ' Young lady ... Dona, are you ok? 'I said: ' my goodness, I spent the time to lift '... Then I came here open the door of the kitchen for her (Young lady).*

The other neighbor, Ivete, helps Mrs. Missy providing daily, your lunch because she owns a small restaurant in the city center. After the episode of the fall suffered by the elderly, she had Erysipelas in the right leg, which led to his hospitalization for 29 days and subsequently, she lived seven months in the House of Ana and Carlos to recover; It was during this period that Ivete volunteered to provide lunch to its owner Missy:

> *Because she has a commitment! So right ... to a talk let's talk compromise promise! I never told her, huh? She said: "If the owner Lady be good, " What to say: how if she asked God to ... "If Ms. young lady I was Grandpa gives a meal for her as long as I have the restaurant!" [...] She undertook, it wasn't so: "she getting good I'm going to..." So, what to say, of course, deep down she should have done ... a promise, right? (Carlos).*

The narratives demonstrate the concern that the neighbors have with Mrs. Missy and the attitude to put themselves at the disposal of the family to assist in your care, coming to be signed "a compromise" with the family or, more veiled, "a promise" to God on the part of one of them. Young lady, in turn, makes little "blandishments" as a sign of recognition for the concern that demonstrate: "I Doo if wanted and could. I Doo to her a treat, eh! Sew the clothes her, a charge nothing!Then we live like that huh! Says co a hand wash the other one right! "(Young lady).

Both these situations described as relations that are established in the self-help networks (mentioned above) seem to be of various exchanges[20], albeit symbolic, between who cares.

For Carlos, Mariana (his granddaughter Ana domestic services which helps in the House of Dona Missy) presents a special motivation for their dedication to Grandma: "Because Mariana's granddaughter that she always took care!" (Carlos). The commitment of Mariana and Ana domestic care shows that, for the family, people close to constitute the *locus* of care, because the privileged moments of need are, in fact, experienced, as explained by Carlos and his wife:

> *Then, everything we could within our condition we do, huh? It is because when we have realize, so even in the future, until the neighbor can do for us, huh? (Carlos).*

> *I think that we can... go, huh? We even though. You know what's coming, right? How it will be! (Ana).*

The existing exchange ratio refers to the understanding of the gift (or gift) as a system essential for the conviviality in society, based on a cyclical relationship of give-receive-return goods of various orders, whether material or symbolic.[21] in nets woven by households, these exchanges of material and immaterial goods allow *movements that guarantee the comfort and well-being of the person sick and family.*[22] however, that system there is no requirement, because the person, in their individuality, can accept – or not – such acts, receiving or returning.[23]

The obligation in the terms of trade, in this case, is something that draws attention because taking care of the elderly is something imposed on the family by society and almost mandatory in health policies for the elderly person and the status of older persons.[3] society fit also the support and protection, but not with this mandatory legal character. In this respect, we

noticed that the nearby present spontaneous mode the availability in caring for the elderly, and it is based more on affective relationship that compelled. Furthermore, family relationships are not always necessarily guarantee that same willingness to caution: "are you the daughter in law [of the owner Missy]? Daughter in law is coming "(Ana); "Daughter in law nor here in a League!" (Carlos).

If family relations do not guarantee an active presence in that more steady and effective presence is also not in the relations that the elderly and their families maintain with health professionals, because Owner Missy live for many years with various chronic diseases.

Passive restraints: participation "thrown" on specific moments of the experience of illness and care of Owner Missy

The family is the core of primary care, and therefore the mainstay of network support, because not only produces this caution, as also the search along with health professionals and others. Already passive restraints are those network elements that need to be fired in this quest of caution, because aren't done routinely present in the life of the person sick. Thus, it is understood that, Etymologically, "trigger" has the sense of "Sue", "put into action", "go looking for" showing that the active movement is, in fact, held by the family of the person sick, the other being "fired", IE, a more passive role initially plays.

In Figure 1, these passive restraints are constituted by the doctor, cardiologist by the public defender's Office, by the "health plan" (a service that is to be fetched when needed) and by the existing family health unit in the district in which he resides. But we need to understand how each of these support participates in this network.

The medical examiner of Owner Missy is a cardiologist who accompanies for 20 years, in addition to meeting, too, all of its children. The trust relationship with the doctor began when he was nominated by the Owner's sister Missy, a fact that earned more credibility to the Professional: "She [her sister] was already co he, you know?! Then she went and said thus: ' look, the doctor, the doctor, he is very good! Very attentive, everything! '. Then I asked who wanted to go to this doctor. And there I was "(Dona little lady).

The narratives show that the relationship between the elderly and the doctor is seeking resolution to health needs expressed, namely the initiative always part of elderly and family when these arise. In this sense, the doctor is "fired" multiple times in the course of searching for care, including for damages that do not refer to your specialty, demonstrating the confidence on the part of Owner Missy, professional: "There every year we do thorough Checkup, right? Every year we go [...] them we stop sometimes even if I'm sick, thank God! Over there I'm going, on time! Grandpa goes at the doctor, do the exam everything needed as he asks!"(Young lady).

Even though your medical examiner, this professional is presented in Figure 1 as an element of the support network of Owner Missy, and doesn't support network. That's because, even though there an affective relationship "of the elderly with your doctor, there is an effective relationship" to the elderly, to have it as a focus of their concern in a more professional "longitudinal".[24]

Longitudinal means the situations of health of a person or group over a period of years. This means that these people or groups are a source of attention recognized by them as such, and this attention directed towards the person, not the disease. The link is one of his characteristics and interpersonal ties and leave people more comfortable to provide relevant information and to follow the guidelines, also allow the trader to become more sensitive to the information regarding the nature of the problems presented, as there is an accumulated knowledge about the person. One of the results of this "longitude" is the decrease in hospitalizations, with better management of the illness by family and health professional, which accuses its efficiency.

In this context, an aspect that seems crucial is the sense of the bond that must be established, i.e. the health professional should be the promoter of this longitudinal relationship. In the case of Owner Missy, realizes that he's part of the elderly and family. The centrality of the professional's concern are not the various chronic diseases experienced by her, but cardiac disease and its exacerbations that although require more immediate professional intervention, should not focus on punctuality and medicated criterion of caution:

> *These time I went down there to see, speak to him [medical examiner]... I needed to be check, because my foot was swelling, huh? I went there, told him the problem and he said thus: "I already know! The problem is the medicine! ". Then he change it! (Young lady).*

Thus, it is understandable that what exists in this relationship of the doctor for the elderly and the family's trust and affection from family to professional, not a bond of caution to thisyoung lady and her family, understood as an instrument that allows exchange of knowledge between the professional and the sickpeople, converted into a therapeutic acts favoring health integrality.[25]

Thus, it is understood that the bond, as a concept of healthcare, is a relationship that must from the healthcare professional and the people who seek; for this reason, the relationship of Owner Missy with the doctor does not configure Health link, since it is her and her family to seek that relationship, be-

cause, as the narratives and Figure 1, always begin searches by family and not the other way around, not being mentioned in any moment the doctor or another employee at the clinic have scheduled return to query or submit any other type of concern for the health of the elderly is not strict When it was sued by the same. In this regard,[26] study shows that health professionals still express difficulty in establishing ties with sick people, because they are attached to the attention model that prioritizes the biological, focused on technical procedures.

Confidence in the medical professional is evident, then, as he fired on several other aggravations that compromised Young lady, even those who are not part of their specialty, as in the case of labyrinthitis and hemorrhoids. In all these situations the intervention appeared to have been focused on prescription drugs:

> *I told him [medical examiner], [...] is di stop sometimes and then thus appeared a dizziness. Then he said this: "Oh, I know! You got problem of labyrinth [labyrinthitis]! "Then he indicatedVertix "(Dona little lady).*

> *Now she's alone, taking the medication, right? The doctor, [medical examiner] said that, that's also DIOSMIN, [for hemorrhoids]. (Ana)*

The trust of Owner Missy and her family with the medical professional causes she doesn't always use family health unit in your neighborhood to get medications free dispensing, as for high blood pressure, and the medicines prescribed by the doctor are different from those usually used on the public network:

> *The problem of the remedy they indicates [...] It's usually a matter of quality only. Is hypertension? You are hypertensive, is he? Almost the same remedy that gives to you, give it to him. It's different because... we go to the office and there the doctor is, makes the handling of the remedy, right, to send to the pharmacy to make, containing one's for us (Dona little lady).*

The old woman believes that the individualization of your care is in the prescription of a medicinal product which has been handled for her, ensuring that the same specific to "his" health problems. In this way, their relationship with the family health unit reduces the search for annual vaccines for the elderly: "I just Grandpa in General Custer on the occasion of the vaccine. Then I'm going on General Custer "(Dona little lady). See also, the narratives that the ESF team relationship with owner Missy is limited to contact with the community health agents (ACS) in your House: "Yes, then they come home, they make vaccine, if it is, the girl who walks down the street looking for the sick. She is here, you know, talk to me, right? "(Young lady).

For Ana and Mrs. Missy that distancing occurs due to the fact that the elderly have a health plan:

> *They just ask that question: because I have the health plan. "HealthPlan?" I have health plan...Then they neglect, huh? That's a point! [...] A question of medicine I take, because I consult there ... (Young lady)*

> *I think they give priority to people who have [Medicare] (Ana).*

It is understood that the health care of the elderly person, especially in chronic health conditions, such as Dona Missy, affected by various chronic diseases, should be held from[24]longitudinal mode, which lasts in time and ensure effectiveness and efficaciousness of their health problems, helping you to take your life, living in the best way with such harms to health. Starfield[24] claims to be this longitudinal health attention, is it necessary to build a link between the health team and the sick person, so that it sees the team as the *locus* of care for your health, a reference.

The intervention of a medical examiner also influenced the quest for medicines judicial process for the treatment of Owner Missy, because he's the one who indicates to Ana recourse to Public Defender's Office to withdraw the costly drugs: "we talked to doctor [medical examiner] there he was and said, ' no, if you enter with the request at then '... To have the remedy in advocacy, I'd got it right! "(Ana). The doctor indicates that route to resolve the problem for the family, but they only use it when financial difficulties appear as tells Carlos:

> *Is that retirement isn't always that little salary and the medicine always expensive, huh! So, as we have other [emphasis] expenses with her. ..! You see: every year we give a reformed here, gives an improved her [refers to the home of Owner Missy], huh! And it's just us. Yes, it was more so then ... Because it is a right, then why not? [...] Is a right we have, [emphasis] and is our right! (Carlos)*

If defense shows how another element of the support network of Owner Missy, for having assisted in the acquisition of needed medicines for its treatment; however it operates, also punctual, since the injunction from justice not secured the withdrawal of all medicines and Ana would also return to advocacy to request that the medicines were delivered. Authorsclaim that one of the aspects of the right to health is the guarantee of access to medicines, mainly by groups who may be more vulnerable, as in the case of the elderly.[27] Furthermore, the status of the elderly ensures free provision of medicines for continuous use[3], constituting therefore a right of the elderly person, how to recognize Carlos.

Another factor that influenced the family to seek a private doctor – because at the beginning of treatment with your doctor trust Owner Missy did not have health insurance – came about because the family prefer the old woman always consult with the same doctor, thus avoiding that every year a doctor he prescribed different medicines, without knowing his history of illness: "It always takes us doctor who she always treats, to a have that kind of ... a doctor is one thing, another doctor is another, huh!" (Carlos). This factor is important because on the public network turnover of professionals in the health units is greater due to the still fragile employment links. The high turnover in units of health of the family, for example, can be considered for having few doctors with the profile required to carry out the program, in addition to the overload at work and structural problems of these units.[28]

The family brings with it certain that having health insurance is a guarantee of health care, as demonstrated in the following speech: "If a had this Covenant with this problem that she had there. (Corns); "And it's faster to ... people who need [Covenant]" (Dona little lady). But even with the health plan, not always means having access to the services or the best customer service. Shows that it was necessary to justice to acquire medicines and, in the episode of crash by Dona Missy, the family had to take her in a car to the hospital for not getting an ambulance of the Covenant: "Connect to pro service allows at SAMU. Call Covenant, anyone send an ambulance. And that's where we went there, we got another car, [...] carry her up in the car to take her to the hospital "(Carlos).

However, even having to trigger, promptly, these elements of the support network of the elderly, the family ensures that the watch to its owner Missy is the best possible. This leads to understand that the elderly and their family still do not realize their rights, full mode, as well as the need for effectiveness in the professional attention she excused, either in criminal law or public health network, based on a professional relationship that ensures, in fact, the longitude of the careful[24]. This longitude is more necessary outside your experience of "chronic illness situation"[29] whose dynamism shown in the elderly and the family interact with various chronic diseases and with everyday activities, integrating them and searching for the best way of life.

FINAL CONSIDERATIONS

It was noticed, from the study, the importance of networking weaving in care to the elderly person, especially when that which maintains their own care powers and resides on your own, even with several chronic diseases. In this way, the networks are indispensable, by configuring a mainstay for that elderly person can take care of himself, but always based on your needs for family and friends.

The design of the networks, in their ability to express modes of organizing the everyday care, showed that the support network of Owner Missy has fewer elements than the participants of her support network. However, shows more effectiveness in the health care of the elderly and family support that the network of support, mainly in its elements formally constituted, as is the case of services and health professionals that needed to be fired by the family in the search for the owner care young lady.

This leads to reflect that it is not the amount of people and/or institutions triggered by family that will determine the security and effectiveness of the care of the sick person, as well as the active and effective support to the family that experiences the situation of chronic illness. At this juncture, what becomes critical to that care occurs is the quality of the bond between the sick person and his family and who participates in the woven network.

This is link to highlight the effectiveness of relationships woven between the elderly and the members of your support network, composed of the sons and neighbors; You can't use the same term to refer to the relationship that lasts for 20 years between the elderly and their medical examiner, once this is one-way, i.e., the family and the elderly for the medical professional, and not the other way around. With other services and health professionals even enough to establish some degree of lasting relationship, as is the case with family health unit which owner Missy is part in the coverage area.

Even with multiple diseases and a network of support that sometimes shows little effective in helping to care for Mrs. Missy, the family can keep offering the essential elements for the *quantum* of care of the elderly and family care, because it has a solid support network whose responds to the dynamism required to keep personal care, i.e., responding, so own, specific needs of the elderly.

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