



INTEGRATIVE AND COMPLEMENTARY PRACTICES IN HEALTH AND PATIENT SAFETY IN PRIMARY HEALTH CARE

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SUMMARY

Patient safety is a fundamental aspect of health care quality, especially in Primary Health Care (PHC), which is responsible for a large portion of health care provided to the population. Recent studies indicate that a significant percentage of consultations in PHC result in patient safety incidents, including diagnostic errors, problems in medication administration, and communication failures between professionals and patients. This study adopts a literature review methodology, with analysis of data from sources such as PubMed, Scopus, and Web of Science, focusing on articles published between 2010 and 2024. The objective is to investigate the influence of Integrative and Complementary Health Practices (PICS) on patient safety in PHC. The research reveals that the adoption of PICS contributes to improving patient safety in PHC, aligning with a contemporary vision of health that goes beyond the absence of disease, promoting integral well-being. This study suggests that the integration of PICS in PHC can transform patients into active users of the care process, indicating a significant advance in the quality of care and health promotion.

Keywords: Patient Safety. Primary Health Care. Integrative and Complementary Health Practices. Unified Health System.

ABSTRACT

Patient safety is a fundamental aspect of healthcare quality, particularly in Primary Health Care (PHC), which is responsible for a significant portion of the healthcare provided to the population. Recent studies indicate that a considerable percentage of consultations in PHC result in patient safety incidents, including diagnostic errors, medication administration problems, and communication failures between professionals and patients. This study adopts a bibliographic review methodology, analyzing data from sources such as PubMed, Scopus, and Web of Science, focusing on articles published between 2010 and 2024. The objective is to investigate the influence of National Policies on Integrative and Complementary Practices in Health (ICPS) on patient safety in PHC. The research reveals that the adoption of ICPs contributes to improving patient safety in PHC, aligning with a contemporary health perspective that goes beyond the absence of disease, promoting overall well-being. This study suggests that the integration of ICPS in PHC can transform patients into active participants in the care process, indicating a significant advancement in care quality and health promotion. **Keywords:** Patient Safety. Primary Health Care. Integrative and Complementary Practices. Unified Health System.

1 INTRODUCTION

Patient safety, defined by the World Health Organization as a set of practices and actions aimed at minimizing the risk of harm during health care (1), represents a fundamental component for the quality of health organizations worldwide (2). In Primary Health Care (PHC), a critical area of the health system responsible for approximately 90% of care to the population (3), studies indicate that 2% to 3% of consultations can result in safety-related incidents of the patient (4).

1 These incidents include a wide range of errors, from inaccurate diagnoses and problems with drug treatment to failures in the organization of services and communication between professionals and patients (5). The relevance of these challenges has been recognized by the World Health Organization, which in 2012 established the *Safer Primary Care Expert Working Group*, emphasizing the importance of patient safety in PHC (6,7). Despite the predominant focus on safety in the hospital setting (8-10), it is crucial to expand research to PHC, where up to 60% of harm in low-income countries may be preventable (11,12).

The approach adopted will be a bibliographic review, carrying out a systematic analysis of literature

scientific literature available in recognized databases, such as PubMed, Scopus and Web of Science. The search for articles focused on publications between 2010 and 2023, using keywords such as “patient safety”, “primary health care”, “integrative and complementary practices”, and “health policies”. Original articles, reviews, reports from health organizations and official documents that discussed the implications of Integrative and Complementary Health Practices (PICS) on patient safety in PHC were selected. The selection and analysis of documents followed criteria of relevance, timeliness and scientific rigor.

In this sense, the aim is to explore aspects related to patient safety in PHC, with a particular focus on National Policies for Integrative and Complementary Health Practices (PICS). The analysis seeks to understand how PICs influence patient safety and contribute to the transformation of the care model, where patients are seen as active users in the care process. This approach aligns with a contemporary perspective of health that transcends the mere absence of disease, embracing the promotion of integral well-being. The research aims not only to advance scientific knowledge in this area, but also to propose significant practical improvements for PHC, a vital segment of public health.

1 DEVELOPMENT

2.1 SUS and PHC

Primary Health Care (PHC) is a vital segment of the Unified Health System (SUS) in Brazil. Based on the principles of Universality, Equity and Comprehensiveness, as established by the Ministry of Health (12), the SUS seeks to promote humanized, integrated and accessible health to the entire population. The National Humanization Policy (PNH) is a public policy of the SUS that reinforces the importance of humanization in health care, understanding it as an approach that transcends merely mechanical and biological treatment by incorporating social and emotional aspects of users (13).

The principles of the PNH, such as transversality and integrality, play a crucial role in the practice of the SUS. Transversality promotes integration between different professional categories, while integrality allows a more comprehensive understanding of the user, considering both the biological aspects and the socioeconomic factors that influence the health and social dynamics of the community (14). These guidelines are evident in the meetings of professionals from the Basic Health Units (UBS) for case discussions, where multidisciplinary collaboration reflects the practical application of these principles (15).

Thus, transversality and comprehensiveness are essential for planning effective local interventions, providing a care approach that is not limited to medical practice, but includes professionals such as Community Health Agents, who maintain close contact with the community and contribute significantly to the planning and implementation of health actions (16). Therefore, transversality and comprehensiveness are fundamental principles for health to be promoted according to the needs of the population. Each professional category has a unique relationship with users and, consequently, different perspectives and contributions to health planning.

The National Health Program of the Brazilian Unified Health System (SUS) is an essential element in the structuring of health policies and programs in Brazil. As established by the Ministry of Health in 2013, the National Health Program aims to reformulate work relationships in health, promoting greater interaction and communication between professionals and users, overcoming isolation and hierarchical power structures. Cross-cutting, a key concept of the National Health Program, emphasizes the importance of dialogue between different specialties and health practices, incorporating the patient's experience into the care process, aiming for a co-responsible approach in health production (17).

Comprehensiveness, one of the fundamental principles of the SUS, proposes a more comprehensive approach to health, going beyond the traditional biological model, ensuring that users' voices are effectively heard. **2** are fully heard and that their demands are met comprehensively, reflecting the diverse needs that manifest themselves in the health of the population. Thus, in order to achieve a broader understanding of health, it is essential that professionals consider the demands presented by users, not restricting themselves only to clinical analysis. This promotes a more horizontal and collaborative relationship in the health care model, in which the social reality of users is taken into account, aligning with the humanization guidelines and policies of the SUS (18).

In PHC, the principle of comprehensiveness plays a central role, since it is the gateway to the SUS and the first point of contact for users with the health system. PHC aims to promote continuous and coordinated care, considering people in their entirety and meeting all their needs.

health needs. This includes the integration of actions ranging from health promotion and disease prevention to treatment and rehabilitation. Furthermore, comprehensiveness in PHC presupposes the articulation of health with other public policies, ensuring intersectoral action that encompasses different areas that directly impact the health and quality of life of individuals (18).

2.2 Global Alliance for Patient Safety Compact

The importance of patient safety began to be widely recognized in the late 1990s, especially after the release of an influential report by the Institute of Medicine entitled "*To Err is Human: Building a Safer Health Care System*". The publication of this report triggered a global response, led by the World Health Organization (WHO), focused on improving patient safety in health care (18).

In response to this growing concern, WHO established the World Alliance for Patient Safety in October 2004. This global initiative has as its main objective to promote and accelerate actions to increase patient safety at the international level. Participating countries, including Canada, the United States and members of Mercosur, have dedicated themselves to planning and implementing strategies to reinforce this commitment (19).

Since then, several campaigns and initiatives have been launched with the aim of reducing the occurrence of adverse events in healthcare institutions around the world. These actions encourage healthcare professionals to adopt best practices, reinforcing a culture of safety and minimizing harm resulting from adverse events (18).

In 2005, the World Alliance for Patient Safety defined six priority areas of action, including the development of "Patient Safety Solutions" that aim to promote improvements in critical areas of health care. These solutions have established International Safety Goals, which include the correct identification of patients, improved communication between health care professionals, safe use of high-alert medications, correct performance of surgeries, reduction of the risk of health care-associated infections, and reduction of the risk of patient injuries, such as those resulting from falls (19).

In the context of PHC, patient safety plays a crucial role in reducing morbidity and mortality. PHC, as the first level of contact between individuals and the health system, plays a strategic role in implementing safety measures that directly impact the quality of care and clinical outcomes of patients. According to Macedo *et al.* (20), safety in PHC should focus on the correct identification of patients, improving communication between professionals and the safe management of medications, especially high-alert medications, in addition to adopting practices to prevent infections and injuries, such as those resulting from falls.

Studies indicate that errors in PHC, such as in prescribing and administering medications, can be particularly harmful, contributing to increased morbidity and mortality. Therefore, the adoption of international safety goals, such as correct patient identification and effective communication among professionals, is essential to mitigate these risks and ensure the quality of care (20). Furthermore, preventing infections through practices such as hand hygiene and implementing safety protocols for invasive procedures are essential strategies to improve PHC outcomes and, consequently, reduce morbidity and mortality.

2.3 Integrative and Complementary Practices

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Integrative and Complementary Health Practices (PICS), known in Brazil, are based on a vitalist and holistic model, which focuses on the individual as a whole and on their specificities. This happens because it is believed that traditions and cultural knowledge are inseparable elements of health care (21).

As stated by Luz and Nascimento (22):

Disease does not manifest itself only in the body, but is also present in family, social and environmental relationships, as recent epidemiological and demographic studies have described. It also manifests itself in the way people conceive and seek to realize their existence in the world. The human being is not reduced to a body, much less to a part of it: it is also a set of values, conceptions and beliefs, experiences, expectations, frustrations, etc. And the disease that affects it expresses, in addition to biological changes,

logical, disharmonies in the way of life, both personal and collective. According to experiments and discoveries in the human sciences, illness is also a way of expressing, or denouncing hostile social relations" (Luz; Nascimento, 2018, p.1)

For sick individuals, it is not enough to simply know their diagnosis; they need to know how they will be treated (23). Health actions that emphasize care practices with characteristics of individual, curative and mechanistic care may not correspond to the health care expected by most people (24; 26).

PICS are techniques that complement conventional health knowledge, offering more comprehensive care when used together with traditional health knowledge. Due to their implications on biological, psychological, social and spiritual aspects, they help to establish care based on a supportive relationship and emotional involvement (27). PICS help to implement disease prevention and health promotion actions, as they are based on a model with a greater focus on the humanization of care, being more vitalistic and totally centered on the individual, prioritizing the person rather than the disease (26; 28).

It is known that the application of PICS in healthcare can help professionals understand the individuality of each patient, consequently increasing their satisfaction with the quality of care received (29).

In many regions of the world, policymakers, health professionals, and consumers face issues related to the safety, efficacy, standardization, accessibility, preservation, and regulation of Traditional, Complementary, and Integrative Medicines (TCIM). The use of these practices in most nations is on the rise, gaining rapid popular acceptance. At the same time, interest in TCIM is expanding beyond products and services to encompass a variety of health practices and professional areas (30).

In 2013, the World Health Organization (WHO) conducted an extensive analysis of the current status of TCIM globally. In collaboration with experts, it created the "WHO Strategy for Traditional Medicine 2014-2023", seeking to outline these practices more clearly to facilitate general understanding (30)

The WHO defines Traditional Medicine (TM) as:

The set of knowledge, skills and practices based on the varied theories, beliefs and experiences of different cultures, whether or not explainable, applied to the maintenance of health, prevention, diagnosis and treatment of physical and mental illnesses (WHO, 2013, p.15).

Complementary or "alternative medicine" refers to a broad spectrum of health practices that are not typically part of traditional or local conventional medicine. These practices are not always fully integrated into the mainstream health system in some countries and may therefore be used interchangeably with conventional health care. The WHO Strategy on Traditional Medicine 2014-2023 strongly encourages the incorporation of Traditional, Complementary and Integrative Medicine (TCIM), including its products and practitioners, into national health systems at all levels of complexity: from primary health care to specialist care and hospital care (31).

According to the WHO, there was a consistent increase in the number of Member States willing to develop national TCIM policies between 1999 and 2018. The number of Member States with a specific TCIM policy almost doubled from 1999 to 2005 and doubled again from 2005 to 2018. By 2018, 98 countries, or more than half of the 194 Member States, had a national TCIM policy (32).

According to the WHO, there is a global trend in favor of including TCIM in public health, as this diversity of integrative practices is in line with the need to humanize health care, focusing on health and not disease, promoting the conscious use of medicines, minimizing the risks of side effects and presenting a low implementation cost (32).

In 2006, with the enactment of the National Policy for Integrative and Complementary Practices (PNPIC) by the Ministry of Health (MS), the SUS began to incorporate new care strategies for patients, including including complex medical systems and other Integrative and Complementary Practices (PICS) using natural therapeutic resources in the context of health care (33).

According to the new guidelines established by the PNPIC in the SUS, an important transformation occurred in the way patients are perceived and treated in the health system. Instead of being seen solely as patients, they began to be recognized as users of an integrative and complementary health system (33).

This change in nomenclature reflects a renewed approach to health care. The term "user" takes on a more comprehensive perspective, highlighting that health care goes far beyond simply

response to disease, encourages health promotion and seeks to meet a diversity of individual health needs, both physical and emotional (33).

In subsequent years, in 2017 and 2018, this policy was expanded to incorporate other forms of PICS, totaling 29 practices available in the SUS, as shown in Table 1 (33-35).

Table 1: Integrative and Complementary Practices for the Population

Práticas Integrativas e Complementares em Saúde

2006- 5 práticas	2017- 14 práticas incluídas	2018- 10 práticas incluídas
<ul style="list-style-type: none"> • Acupuntura • Antroposofia • Fitoterapia • Homeopatia • Termalismo 	<ul style="list-style-type: none"> • Arteterapia • Ayurveda • Biodança • Dança Circular • Meditação • Musicoterapia • Naturopatia • Osteopatia • Quiropraxia • Reflexoterapia • Reitre • Shantala • Terapia Comunitária Integrativa • Yoga 	<ul style="list-style-type: none"> • Apiterapia • Aromaterapia • Bioenergética • Constelação Familiar • Cromoterapia • Geoterapia • Hipnoterapia • Imposição de Mãos • Ozonioterapia • Terapia de Florais

Prepared by the Author

This broad set of practices, recognized worldwide, stands out for its low probability of drug interactions or adverse effects, and also presents an excellent cost-benefit ratio (36). The implementation of these PICS in the Brazilian health system not only standardized their use, but also significantly increased the effectiveness of the SUS, as highlighted in previous studies (37, 38).

Since the introduction of the PNPICS, there has been an increase in access by SUS users to these practices. In 2017, approximately 8,200 UBS offered some form of PICS, which represents 19% of the total in Brazil, covering 54% of municipalities and reaching all capitals through local initiatives (39). This was reflected in more than 2 million individual consultations and approximately 224 thousand collective activities.

In 2018, 9,470 health establishments were registered providing PICS in 3,097 Brazilian municipalities, with a more concentrated distribution in medium and high complexity services (39). The second cycle of the National Program for Improving Access and Quality in Primary Care (PMAQ - AB), carried out in 2013, evaluated more than 30,000 PHC teams across the country, suggesting the inclusion of new practices in accordance with the guidelines of the Ministry of Health (40).

PHC health professionals who integrate PICS knowledge into their practice can reduce the side effects of conventional biomedical interventions, increasing patient satisfaction. This approach broadens professionals' understanding of health care (41). Cunha (2004) argues that familiarity with basic procedures, such as acupuncture, can solve common problems in health units, expanding the traditional clinic (42).

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Comprehensive care, which considers the sociocultural, economic, family and environmental context.

This is a fundamental premise of PICS, reflecting the belief that these factors are inseparable from the health-disease process (43). This overview of PICS in Brazilian public health leads to reflection on how such practices directly impact patient safety.

PICS are a set of therapeutic approaches that expand conventional treatment options, including methods such as acupuncture, herbal medicine and homeopathy. These practices are increasingly recognized and valued in the public health setting, especially in PHC, where they play a key role



fundamental in patient care (44).

In PHC, PICS are integrated with the aim of providing a more holistic and patient-centered approach. Unlike conventional medicine, which often focuses on symptomatic treatment, PICS seeks to address the physical, emotional and social aspects of health, promoting well-being.

- well-being and disease prevention (45). This approach is particularly relevant in PC, where prevention and long-term management of health conditions are priorities (46).

One of the main benefits of PICS in PHC is the possibility of offering alternatives to conventional pharmacological treatments. This is particularly relevant considering the risks associated with excessive and prolonged use of medications, such as dependence and side effects (47). Furthermore, PICS can provide solutions for patients seeking less invasive treatment approaches or for those with conditions that do not respond adequately to conventional methods (48).

Patient safety in PHC is an essential aspect, especially when it comes to incorporating new practices such as PICS. The implementation of these practices must be accompanied by rigorous safety measures, ensuring that the benefits are achieved without compromising the health of patients (49). In this context, PICS contribute to a more holistic medicine, integrating traditional and natural knowledge into contemporary practice. This integration reflects a significant advance, aligning with the demands for a more inclusive medicine that respects diverse cultures and beliefs (50).

2 FINAL CONSIDERATIONS

This article comprehensively explored how the adoption of National Policies for Integrative and Complementary Practices (PNPIC) influences patient safety, reformulating the concept of health in Primary Health Care (PHC). This analysis revealed that, by aligning with global patient safety principles, PNPIC significantly contributes to a transformation in health care, where patients are considered active users seeking comprehensive care, not just the absence of disease.

The integration of Integrative and Complementary Health Practices (ICPs) into PHC marks a significant change in the way health care is conceived and practiced. Historically, PHC has focused predominantly on the treatment of diseases, with approaches that often prioritize drug intervention and clinical procedures. However, by incorporating ICPs, PHC begins to adopt a perspective that prioritizes the promotion of well-being as a whole, expanding the scope of care provided to users of the health system.

This new approach directly reflects the contemporary definition of health proposed by the World Health Organization, which is not limited to the absence of disease, but also encompasses the physical, mental and social well-being of individuals. The adoption of the PNPIC therefore reflects a renewed commitment by PHC to patient safety, offering therapeutic alternatives that, by moving away from more invasive conventional treatments, present lower risks of adverse side effects.

The role of PNPIC in promoting patient safety is revealed in several facets. By offering alternative and complementary therapeutic options, PICS reduce dependence on medications that can, in many cases, be potentially harmful, and avoid the need for invasive interventions that carry inherent risks. This approach, in turn, allows for more accurate attention to the various aspects of users' health, which are not limited to the diagnosis of isolated symptoms, but involve a broad consideration of the physical, emotional, social and environmental conditions that impact health.

The change in the understanding of the role of patients, now conceived as active users in PHC, driven by the adoption of PICS, reflects a more inclusive and participatory vision of the care process. This new paradigm encourages users to be more directly involved in their own care process.

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treatment, which promotes greater responsibility and engagement in decisions concerning your health. Valuing the user's experience and knowledge, in this context, is essential for more effective and safe care.

In conclusion, the implementation of the PNPIC in the APS not only reaffirms the commitment to safety of the patient, adjusting to international standards of quality in health, as well as redefining the concept of health within the scope of PHC. This redefinition process promotes the appreciation of the integral well-being of users and strengthens the idea that health care must be safe, comprehensive and adapted to the real needs of people who use the health system.

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