ELDERLY USERS EXPECTATIONS AND PERCEPTIONS REGARDING TO THE PUBLIC HEALTH QUALITY

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ABSTRACT:

The satisfaction degree noticed by the elderly patient is an important parameter that allows us to infer on the quality of services as affirms Freitas (2002). Quanti-qualitative inquiries accomplished in December/2002 to August/2003 in public health centers of Ijui (RS). The user's satisfaction was related to the medical prescription (50,5%), to the faith deposited in the doctor (26,2%), to the quality of medical attention (26,2%) and social affectivity (12,6%). To improve the relationship among doctors and patients were pointed out: for 17,5% the need of kinder listening, 11,7% the need of adaptation of the number of doctors to the service demand. It's important to humanize the relationship for 6,8%. The analysis categories are: the medical formation, the institutional organization and the medicine humanization.

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The study of the relationship between doctor and senior patient, in terms of his/her educational dimension, takes us to consider the content and the quality of the orientations and prescriptions starting from the users' perceptions. The satisfaction degree with the orientations - noticed and informed for the users - it is one of the most important parameters that allow inferring on the quality of the rendered services.

This is a projected quanti-qualitative research, accomplished in the period from December/2002 to August/2003. The studied sample is constituted by 103 individuals with 60 year-old age and plus, that were interviewed in a quantitative approach with the aid of a semi-structured questionnaire composed by 21 closed subjects and 12 open subjects. The qualitative approach consisted from three relative subjects to the history of work life and of health.

The method used for the sample definition followed the classic parameters of a quantitative sampling, trying to minimize the intervention of mistakes and pernicious trends to the analysis. The sampling consists of the

> [...] action of investigating the population partially with the power of the acquired knowledge to generalize in the sample for the whole of the population, with a margin of safety degree. The collection of data is, maybe, the most important part of the research because any mistake will be reflected in the conclusions based on that collection, is in the census or sampling accomplished collection form. (FRICKE, 2004, P. 3).

The size of the sample resulted from the application of the method of Cochran (apud FRICKE, 2004), that considers the homogeneity of the defined population as the users with 60 years and more in each one of the three Centers of Health investigated, and made calculations starting from the variance presented in the distribution by the interviewees' age that presented 11,7% of variability, the degree of precision translated by the maximum margin of error admitted in the sample definition fastened in 5% and in the reliability in 90%, resulting in a size sample n= 102.

The open subjects were treated according to the Method of Multiple Classification of Fricke (2004), that codifies all separately of the arguments presented in the " speeches ", answers given by the users interviewed in the open subjects of the instrument. When questioned about the nature and the quality of the orientations, the users answered accordingly the table 1:

TABLE 1

The interviewees' distribution second received orientation in Public Health Centers of Ijuí - 2003

Received orientation	No	%	Valid %
No	11	10,7	10,8
Medication	58	56,3	56,9
Feeding	16	15,5	15,7
Lifestyle	12	11,7	11,8
Pathology	1	1,0	1,0
Other	4	3,9	3,9
Total	102	99,0	100,0
Missing	1	1,0	
Total	103	100,0	

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C.; FRICKE, R. M. - Master's degree of Education in the Sciences of Unijuí.

We can observe that most of the users refers to received orientations concerning the medication, 56,9% of the valid answers as it demonstrates this speech:

Plenty medicine, needs to treat to recover. (Interview-10)

Soon afterwards there are the received concerning orientations the alimentary diet (15,7%) and related with the lifestyle (11,8%), as it observes one of the interviewees:

He said that it is to practice exercises and to take care of the feeding. (Interview-85)

Therefore, for 84,4% of the interviewees the orientations are summarized to these three items, what points us for a strong interference of normative and prescription aspects in medical practice. The medical formation is centered in the tradition " of the practice, with a fort technician-

professional content and tends to limit the relationship among doctor and patient to their normative aspects. The educational dimension feels in the limits of the order and of the norm.

The interviewees' ten percent doesn't recognize any orientation in the consultation, what also brings an element that gets the attention.

The perception of how the orientations are given is important in the evaluation of the quality of its content. The answers also turn on the alimentary diet with 29,1%, medication with 27,2%, physical exercise with 14,6%. However, 35,9% of the interviewees classify the orientations as general and personal, what seems to point out the possibility of an approach for besides the normative and prescription aspects, allowing the expression for the senior patients of subjects related to the affectivity, intimacy and sexuality. The table 2 in the display the obtained data:

TABLE 2

The interviewees' distribution according to the type of received orientation (% of indications). Public Health Centers of Ijuí - 2003

Type of Orientation	Present		Absent		Total	
	N°	%	N°	%	N°	%
General and Personal Orientations.	37	35,9	66	64,1	103	100,0
Diet	30	29,1	73	70,9	103	100,0
Medication	28	27,2	75	72,8	103	100,0
Exercise	15	14,6	88	85,4	103	100,0
Recreation/relaxation	7	6,8	96	93,2	103	100,0
Protection to bad weather	3	2,9	100	97,1	103	100,0
Alcohol and smoke addictions	2	1,9	101	98,1	103	100,0
Weight	2	1,9	101	98,1	103	100,0
To work	2	1,9	101	98,1	103	100,0
If it doesn't inconvenience	7	6,8	96	93,2	103	100,0
Pathology	7	6,8	96	93,2	103	100,0
Any or few orientation	6	5,8	97	94,2	103	100,0

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C.; FRICKE, R. M. - Master's degree of Education in the Sciences of UNIJUÍ.

In the context of a senior user population and with low socioeconomic conditions, it's important to analyze the possibilities of continuation of the received orientations. The largest prevalence of chronic pathologies, that demand the continuous use of medicines, not always available in the public service, and the cares with the feeding, for instance, are important factors. It calls us the attention that 89,7% of the interviewees refer that they have possibilities and they follow the orientations and received prescriptions.

The pointed reasons, for 43,7%, are the recognition of the importance of the same ones for their health. In 18,4% of them we can notice a submission of the patient to the medical authority.

It is flashy that 15,5% of the interviewees answered that they follow the orientations for the fear of the consequences of an inadequate treatment. The possibility to follow the orientations is, in some cases, limited to the relatives' received support and of the community. The difficulties are noticed in these speeches:

When we can, we make several meals. It is difficult. Just fruit when we have money to buy. (Interview-9)

I have to think that we must to avoid admission to the hospital, to take care for not having problems. (Interview-27)

The impossibility to follow the orientations, are due to physical and emotional limitations for 7,8% of the users present, the economical difficulties for 3,9%, the indifference " in proceeding or no the orientation in an evident sign of disbelief in the medical power for 3,9% and the lack of institutional support for 2,9% of the users. The table 3 below detaches the analyzed data:

TABLE 3

The interviewees' distribution according to the reason of the answer given to the possibility of following the received orientation Public Health Center of Ijuí - 2003

It follows the Orientation	**Present**		**Absent**	
	N°	%	N°	%
It is important	45	43,7	58	56,3
Submission to doctor authority	19	18,4	84	81,6
Fear of the consequences	16	15,5	87	84,5
Autonomy	7	6,8	96	93,2
Familiar/community Participation	5	4,9	99	95,1

Doesn't follow the Orientation	**Present**		**Absent**	
	N°	%	N°	%
Physical/emotional Limitation	8	7,8	95	92,2
Indifference	4	3,9	99	96,1
Economical subject	4	3,9	99	96,1
Lack of institutional support	3	2,9	100	97,1
Time/occupation lack	2	1,9	101	98,1

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ.

Considering the users' satisfaction as indicative of the quality of the services and of the relationship between doctor and patient, the same ones were questioned about their satisfaction

degree with the orientation and the reasons that explain the given answer. The percentile of users that answered affirmatively reached 84,7% of the users.

TABLE 4

The interviewees' distribution according to the satisfaction with the received orientation Public Health Centers of Ijuí - 2003

Satisfaction	N°	%	% valid
Yes	83	80,6	84,7
Partly	10	9,7	10,2
No	5	4,9	5,1
Total	98	95,1	100,0
Missing	5	4,9	
Total	103	100,	

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C.;FRICKE, R. M. - Master's degree of Education in the Sciences of UNIJUÍ.

These data, when evaluated objectively without investigation of subjective reasons, make us to think that the high satisfaction level is associated with a high quality level. It is important to consider, however, that they refer to the normative-prescription aspects of the medical consultation and they don't allow to infer on an educational content for besides the limits of the norm, because we analyzed the content/form of the orientations starting from the users' perception as it explains one of the speeches:

Because he could say plus, at least somebody speeches to me and he is not upsetting me. (Interview – 46)

The reasons presented by the users for their satisfaction with the orientations can be classified in the following categories:

- Prescription: 50,5% feel satisfied because they received orientations related with the medical prescription

- Faith in the doctor: for 26,2% the satisfaction is generated by the trust that has in the medical power of guaranteeing the possibility to be a healthy " senior ";

- Quality of the service: 26,2% of the users think the service has quality in confrontation with the access possibilities to the doctor in passed times;

- Relationship social/affectivity: 12,6% sees in the received orientation, relationship spaces with the medical team and affectivity feelings in the reception;

- Submission to the professional: 4,9% evidence that the relationship develops a submission character to the professional who has the power to prescribe.

The table 5 displays the distribution of those categories.

TABLE 5

Distribution of the interviewees' reasons according to the satisfaction with the received orientation, Public Health Centers of Ijuí - 2003

Satisfaction with the Received orientation	Absent		Present		Total	
	N°	%	N°	%	N°	%
Prescription	52	50,5	51	49,5	103	100,0
Faith in the doctor	27	26,2	76	73,8	103	100,0
Quality of the service	27	26,2	76	73,8	103	100,0
Relationship social/affectivity	13	12,6	90	87,4	103	100,0
Submission to the professional	5	4,9	98	95,1	103	100,0

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ.

We observed a place of prominence of the medication in the relationship between doctor and senior patient. It's is a symbol of the attention received in a life time in that the same is essential and a lot of times scarce. The " magic " that contains lives in the success over the disease, only obtained with the patient's deposition. This transfers the patient a certain power; the doctor needs him to diagnose and to prescribe. The solution of the disease is contained in the pill turned magic by the power of the word, action or ceremonial uttered by the " magician " - the doctor.

We know that many the patients' complaints don't need to be treated in a medical way to be resolved. The interested attitude of the doctor can be as a cure instrument: it's the called " medicine-doctor". Practice medicine means to treat the pain, to look for the relief of the pain that is

obtained with the use of medicines. The patients also have a great concern and expectation regarding the consultation. This should culminate with the prescription of the right medicine, of the pill that magically will make to disappear the pain. The origin and the history of the Medicine explain the current scenery. The doctors are the exclusive professionals in the field of the health and of the disease, with the power " to cure with medicines ", in other words, of using medicines or drugs in the patients' treatment.

In our research, the medication use for the senior population, is mentioned, besides, with a certain pride:

I take 13 different pills everyday! (Interview – 9)

It was demonstrated that 68,3% of the seniors use medicines regularly under medical orientation. Only 2% revealed the medication use without medical prescription. Gets the attention that an expressive number doesn't use medicines regularly, is almost 30% of the seniors (29,7%). When we thought about the prevalence of chronic diseases in this age group, this number becomes relevant. As the self-medication indicated medication by people no doctors are a present phenomenon in our time, we verified among the users that only 1,9% confirmed to do medication use no prescribed by the doctor and 3,9% omitted any information.

TABLE 6

The interviewees' distribution according to the use of regulating of medication Public Health Centers of Ijuí - 2003

Medication use	N°	%	% valid
Don't use	30	29,1	29,7
He/she uses, with prescription	69	67,0	68,3
He/she uses, without prescription	2	1,9	2,0
Total	101	98,1	100,0
Missing	2	1,9	
Total	103	100,	

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ

Considering the importance of the sexuality and of the satisfaction with the life in terms of health and of life quality in the Third Age, in the perspective of the relationship between doctor and patient, we tried to approach these categories in our research. Almost the half, 47,6%, classified the sexuality as very important, while for 27,2% has any importance.

The sexuality in the Third Age is theme of recent interest in the literature. The old ones were seen as deprived of desire. The rations essentially linked to involution ideas, are fundamentally biological and hormonal, seeing the senior as somebody unable to look for the sexual accomplishment for reasons of physical, hormonal and psychological decline.

The women, after the menopause, have no more gestation possibility, they would not feel desire and the men when aging, would lose the sexual potency, the libido and the interest for the sex. Today, it is known about the mistake of this vision and it is looked for to give visibility to the subjects of sexual nature and of the sexuality of the senior population, stimulating the debate and creating potential spaces for its expression.

The largest longevity among the women determines the female trend of the Third Age.

In our research, 7,8% of the seniors refer that they don't have sexual activity for a companion's lack. Only 8,7% refer medical problems that need treatment impeding the sexual practice.

The subject of the sexuality, in the relationship between doctor and senior patient, was approached equally. The data take us to infer that they confirm the theme as a subject " taboo " in the relationship between doctor and senior patient. Only 20% of them are disposed to answer affirmatively to the question on a possible dialogue with the doctor regarding sex. As two interviewees:

It is important while life is going on (Interview-7)

First we gave a knack, now it passed, its sometimes gives affliction. (Interview -9)

Sixty five percent affirms that they don't talk with the doctor on that subject, while 14,3% sometimes talk.

The difficulties refer to the medical formation and the social and cultural context in which our patients became old. They move the subject of the sexuality to the invisibility of the social relationships. The following table evidences what the seniors affirm with regard to the theme of the sexuality in their current life.

TABLE 7

The interviewees' distribution according to the importance of the sex in his/her current life Public Health Centers of Ijuí - 2003

Importance of the Sex in the Current Life	Absent		Present		Total	
	N°	%	N°	%	N°	%
Very important	49	47,6	54	52,4	103	100,0
None	28	27,2	75	72,8	103	100,0
He/she needs treatment	9	8,7	94	91,3	103	100,0
Without companion	8	7,8	95	92,1	103	100,0
Little	8	7,8	95	92,2	103	100,0
Normal	5	4,9	98	95,1	103	100,00

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ.

The satisfaction is a parameter that aids us to evaluate the life quality in the Third Age. In our research, 81,2% of the seniors is satisfied and only 6,9% refer be not satisfied. The studied

population demonstrates a high percentile of satisfaction, which allows us to infer that they present a good life quality, however, the satisfaction can be an indication of anything to wait, of conformity, of humility and submission. When questioned concerning the reasons of this satisfaction, we had as result that proceeds in the table below:

TABLE 8

The interviewees' distribution according to the reason to feel satisfaction with the life Public Health Centers of Ijuí - 2003

Satisfied with the Life	Indications		Dissatisfaction with the Life	Indications	
	N°	%		N°	%
Normal life/to live	39	37,9	Resignation	16	15,5
Health	24	23,3	Sadness/depression	12	11,7
Family	23	22,3	Unsatisfied	9	8,7
Happy/happiness	21	20,4	Solitude	7	6,8
Social relations/Friendship	9	8,7	Financial cost	3	2,9
Religiosity	9	8,7			
Retirement/pension	7	6,8			
Work	5	4,9			
Freedom	4	3,9			
Home	3	2,9			

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. - Master's degree of Education in the Sciences - UNIJUÍ.

This way, the told positive arguments, returned to the satisfaction, they were:

- To live/To be alive/To have of a normal life - This is a category of interesting analysis, because 37,9% of the seniors associate the satisfaction to the simple pleasure of being alive. The life, as primordial element, is the very larger in the human existence.

The life is very good; we must to take care, its only one. (Interview-50).

Grandchildren and beautiful children, active life, to travel plenty; with the husband she lived prisoner and now he has a lot of freedom. (Interview-13)

- To have health - to feel healthy is the second pointed category to have satisfaction with the life. The long life is linked to the good health for 23,3% of the seniors. The users, that are women with age among 60 to 69 in their majority, have satisfaction for love the life and for they enjoy good health. In an interviewee's speech it is observed that don't forget the relatives and they have a good vision of health:

I feel well, with health, the family doesn't know what is a hospital. (Interview-46)

- To have family - A group attributes the satisfaction with the life to the fact of having family, 22,3%. The family is a fundamental element in the satisfaction with the life.

He has health, the children and the grandchildren that he loves. (Interview-52)

The seniors, as we already saw, they tend to be alone with the children's exit for to constitute a family nucleus or for work or study. The size of the families decreases with the fall of the fecundity. The seniors are alone, in general, only the couple. Of this form, an anguish source and the larger adults' suffering they are the perspective of solitude and the fear of institution admission.

- Attitude of happiness - An attitude of happiness and happiness front to the life are pointed by 20,4% of the seniors as satisfaction source.

- Social relationships - The friendships and social relationships present index of 8,7% and the religiosity with the same percentile they are also fundamental. These speeches of interviewees evidence these postures:

We have the children and a lot of friendship. (Interview-1)

The people have to thank to God for the life that they possess. (Interview-84)

Among the pointed factors to justify the dissatisfaction with the life, we highlighted:

- Resignation - Among the interviewees, 15,5% are resigned, discouraged and they don't have more forces to react against the adversities that reach them, as an interviewee says:

It is normal, it is of the old age, it is going being part. (Interview-10)

- Sadness/Depression- for 11,7%, the sadness and the depression are the reasons for what they feel unsatisfied with the life. This interviewee transmits a very expressive speech of this feeling:

I am very bad, very badly; there are nights that I hardly sleep. (Interview-63)

This study reproduces the depression prevalence in the general population that is in approximately of 10%. Therefore, it is verified in our research, an increase of the depressive syndrome in the Third Age. As we could suppose, starting from the decline stereotypes, of unproductiveness and for the largest prevalence of chronic diseases.

- Dissatisfaction - for 8,7% remains a dissatisfaction sensation without pointing specific reasons for the same.

- Solitude - the solitude appears in 6,8% of the seniors as cause of the dissatisfaction with the life, as say two of the interviewees:

I was without the companion. (Interview-22)

Alive alone. (Interview-66)

- Financial Problems - For 2,9%, the cost of living associated or generating financiers' problems is an important dissatisfaction factor. In our point of view, this is a low proportion in relation to the expected for those who lives of pension, retirement and favors in the social and economic context analyzed as says one of the interviewees:

I am happy to be healthy, only the finances that are fierce, everything is expensive. (Interview-34)

These aspects are very important in the relationship between doctor and senior patient. The satisfaction degree, the valorization of the life and of the health " as a larger " value makes the seniors more active and demanding users. The doctor, when identifying these characteristics,

should create conditions to obtain the maximum of their expression in the sense of promoting the best results of the investigation processes and treatment. These arguments are positive in the autonomy promotion, freedom and citizenship The senior patients are unsatisfied, per times, for linked feelings to the depression, solitude or financial problems and they need larger reception for the doctor and team of health. She listens to her kind and the professional support is fundamental in the development of a communication process, necessary so that the educational process happens. In this sense, it seems us interesting to characterize the population assisted in the terms of the relationship between doctor and senior patient, in their aspects related to the satisfaction with the life, because a lot of it informs us about the subjectivity of this population.

We asked to the seniors if they count their feelings to the doctors during the consultation. The table 9 evidences the elements of the conversation with the doctor about the satisfaction with the life.

Most of the seniors don’t talk with the doctor on their feelings, reaching a percentile of 58,4%, and 6,9% refer that they make it occasionally. Only 34,7% of the seniors answered that they approach these aspects in the consultation. The reasons for this scenery were pointed for the users.

TABLE 9

The interviewees' distribution according to the conversation accomplishment with the doctor about the satisfaction with the life Public Health Centers of Ijui-RS

Satisfaction with the life	N°	%	% valid
No	59	57,3	58,4
Yes	35	34,0	34,7
Sometimes	7	6,8	6,9
Total	101	98,1	100,0
NR	2	1,9	
Total	103	100,	

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ.

About 25,2%, recognizes the importance of talking about their feelings, affirming that it is necessary in the solution or relief in the cases in that the feelings are associated to the pain or suffering. As they evidence the users' speeches:

Only story that hurts me, other things no. (Interview-59)

I came here for him to give me medicine for depression. (Interview-60)

The one that I will say, I sometimes complain about solitude, I have the neighbors close. (Interview-61)

When we arrive there that it is bad, he/she speaks that has, everything. (Interview-63)

To give visibility to the feelings, explicit them, to talk about them is not necessary for 19,4% of the seniors and 16,5% refer that these aspects are at least approached because:

The doctor doesn't ask. (Interview-101).

The lack of time is pointed by 13,6% of the seniors. For 6,8% the alone " doctor sees " it’s importance in the treatment of the diseases. Only 3,9% refer to have shame of talking about their feelings with the doctor.

We should consider the multiplicity of factors involved in this subject. Regarding the doctor, his academic formation gone back to the objectivity of the disease and his treatment probably hinders the approach of more important aspects of the senior individuals' subjectivity. The lack of time can be thought about terms of the professional option for the aspects returned to the body and the pathology, not having time for the subjective ones and the issues related to the organization of the service.

Regarding to the patients we have the whole historical-cultural process that hinders the free expression of the subjectivity. To talk about sex, intimacy, sexuality is still very difficult for many seniors, above all for the women, most of the users' population.

Because I felt shame it is sometimes embarrassed of him. (Interview-39)

Because it changes a lot of doctor, when he/she gets used to, change. (Interview-41)

The doctor must to understand this reality and to became able to handle it in the sense to overcome his/her own difficulty better and then to create conditions for the approach of the senior patients' subjective aspects, in the perspective of an educational process, citizenship promoter.

We talk every subject type and the doctors say that they learn a lot and they guide on the diseases. (Interview-13)

TABLE 10

The interviewees' distribution according to the conversation with the doctor about the satisfaction with the life Public Health Centers of Ijuí - 2003

Why bill	Indications		Why doesn't count he/she	Indications	
Feelings	N°	%	Feelings	N°	%
It is necessary/it helps	26	25,2	Don't need	20	19,4
Like	9	8,7	He doesn't ask	17	16,5
Change of experiences	3	2,9	He/she doesn't have time	14	13,6
			Doctor looks for pathology	7	6,8
			Shame	4	3,9
			Church	1	1,0
			It changes a lot of doctor	1	1,0

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. - Master's degree of Education in the Sciences of UNIJUÍ.

We looked for, finally, in our research, to list the suggestions that the senior users would have to improve the relationship between doctor and patient. This seems to us an important moment because it reveals, starting from the users' perception, which aspects should be worked for its improvement.

Most of the seniors, 26,2%, refer that the relationship between doctor and patient is good; 25,2% don't have advice or suggestion.

The seniors' ten percent doesn't simply know how to answer or to do consideration on the proposed subject. This fact comes to confirm what was discussed previously.

Among those that presented suggestions we related the following items:

- Larger attention - For 17,5% would be a very important factor in the improvement of the relationship between doctor and senior patient the occurrence of larger attention on the part of the professional. We already considered the importance of a kinder attention, in the patient's recovery

The doctor must to give more attention when we complain, we are nervous, to listen us. (Interview-52)

- Time - The tiny time of the consultations, in the opinion of 7,8% of the seniors, certainly is related to the problem of the little attention released the patient.

It sometimes need to be longer, to have more time in the service. (Interview-37)

- Limited number of consultations - The users of the system point the limited number of consultations, as a limitation factor to the quality of the services and of the relationship between doctor and senior patient, once it offers is much smaller than the demand presented by the population.

Population is great, a lot of service for little doctor. (Interview-3)

If the patient is poor, to assist even so, it should have more doctors, the number of consultations is limited and the neighborhoods are many to assist. (Interview-7)

- Friendship and affection - For 6,8%, the friendship and the affection healthy factors should be promoted or stimulated, face to its importance in the relationship between doctor and senior patient. Medical formation needs to take in consideration a new context, the one of the humanized medicine, promoting the debate of the relationship between doctor and senior patient in the medical curriculum. It is important to include the traditional disciplines, the humanities as the Philosophy, Sociology, Anthropology, Psychology and Education in the and for the Health

- Changes of doctor in the team - doctor's change is pointed by 5,8% of the seniors as a harmful factor in the relationship between doctor and senior patient. The establishment of the

relationship between the doctor and patient in the context of Public Health is very important, above all in the Third Age. This is a difficult process, because it involves the user's resistance that makes comparisons between the current doctor and the previous doctor.

TABLE 11

The interviewees' distribution according to the pieces of advice that would give to his/her doctor to improve the relationship between doctor and patient Public Health Centers of Ijui-RS

Council for	Absent		Present		Total	
To improve the Relationship	N°	%	N°	%	N°	%
He/she is good	27	26,2	76	73,8	103	100,0
He/she doesn't have advise/suggestion	26	25,2	77	74,8	103	100,0
Don't know	11	10,7	92	89,3	103	100,0
Attention	18	17,5	85	82,5	103	100,0
Time of the consultation	8	7,8	95	92,2	103	100,0
Limited N° of consultations	7	6,8	96	93,2	103	100,00
Friendship/care	7	6,8	96	93,2	103	100,0
Changing of doctor	6	5,8	97	94,2	103	100,0
Little doctor x very patient	5	4,9	98	95,1	103	100,0
Not to discriminate	4	3,9	99	96,1	103	100,0
Medication lack	3	2,9	100	97,1	103	100,0
Respect	3	2,9	100	97,1	103	100,0
The doctor's schedule	2	1,9	101	98,1	103	100,0

Source: PC LISBOA, J. C. Advisors: PANSERA of ARAÚJO, M. C., FRICKE, R. M. Master's degree of Education in the Sciences of UNIJUÍ

Other factors as, for instance, the excess of demand face to the number of doctors, is a verification of 4,9% of the seniors; the need not to discriminate the senior (3,9%); the medication lack (2,9%); and the noncompliance of the schedule for the doctors for 1,9%. They are important subjects that should be approached in the extent of the organization of the services in the intention of its overcoming.

The analysis categories for the improvement of the relationship between doctor and senior patient are centered in three great axes: the medical formation, the institutional organization and the humanization of the medicine.

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