RESUMO

Practice of Medicine is based on well established precepts, subtly balanced and interdependent: Art and Technique which result in effective clinical method. Anamnesis, or more commonly called clinical history, is a valuable medical resource, considered a careful, confidential and individualized collection of clinical events and intervenient possible factors for disease. So, it is advised for the physician to follow strict established techniques during this process in order to investigate current disease, analyzing signs and symptoms in details, pathological past and the multiple psychosocial aspects of the life concerned to every patient, with emphasis in familial information. In spite of its millennial origin coming from basic Hippocratic teachings and consolidated in nineteen century when medical reasoning base was launched, as we practice nowadays. Anamnesis is still recognized in literature as a basic tool to forge the doctor-patient relationship and a key part in arriving at the correct diagnosis, rationalizing the costs with complementary examinations. Consequently, it is the initial step towards quality of primary health care, in addition to reducing the potential of medical error, favoring patient adherence to recommendations for the prophylaxis and treatment of illnesses. Contemporary professional must act with ethics, solid scientific basis and vocation for dealing with suffering. Unfortunately, in the real world, this does not happen as we expect. Anamnesis is frequently neglected in medical care in Brazil, especially regarding the reduction of time dedicated to it, among other imperfections. The managed-care system is considered a possible negative factor on the quality of resulted anamnesis accounting for the predominance of the financial logic to detriment of the patient’s rights in vulnerable condition. This study aims to discuss the current role of medical anamnesis in primary care in Brazil and, for this; research was carried out in the main medical databases and legal system. The hypothetical-deductive method was used. Federal Constitution guarantees in its article 196 that “Health is a right of all and duty of the State”. However, infra-constitutional legislation makes sparse references directly related to the question. The patients’ right of to a dignified, attentive and respectful service is stressed, without other details referring directly to the question of anamnesis. Federal Constitution guarantees in article 196: “Health is a right of all and duty of the State”. Despite obvious harmful effects of lightning-bug consultations, there is still no regulation in Brazil that determines the minimum stipulated time for consultation to take place. Paradoxically, Ministerial Order of Health 1820 that provides for the rights and duties of health users does not delimit temporarily medical consultation. It is also worth noting that society's awareness and activism on the issue could fill the normative gap in force on subject and, consequently, improve available legislation, strengthening citizenship. Emphasis is placed on medical training and enlightening and motivating interventions so that also patients and accompanying families may adopt a proactive role, "charging" for a "better" anamnesis. This is, according to authors, the first step towards ensuring the most humane, ethical and quality assistance. It is concluded that to improve quality of anamnesis, there is a need to emphasize health education not only in academic medium, but in civil society as well in a way to find a common solution. From this perspective, a question is raised to encourage debate: when the full right to anamnesis in primary care will remain a public health challenge to the quality of medical assistance?