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Editorial

Health Care and Education in Times of Covid-19 Pandemic: Vulneration and Access

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This edition of *EC Nursing and Healthcare* (ECNH) presents, for health care and education, possible ways to raise reflections on the vulnerability of the reality of some populations in our country and in the world, with regard to the relationship between teaching and health care during the severe acute respiratory syndrome (SRAG) pandemic caused by SARS-Cov-2, causing Coronavirus Disease 2019 or COVID-19.

It is a supplement that emerges as a way of viewing education and health from a bias that bases its rhetoric on Fundamental and Human Rights and on the existence of groups of people who for a long time suffered, and still suffer, indifference in access health and training, inside and outside health services and formal teaching spaces.

In modern times, due to political and economic transformations, a vulnerability has emerged that is not linked to natural fragility, but to the status of citizenship of the human being for which the State must take measures for its provision. Therefore, Junges, Barbiani and Zoboli (2018) distinguish vulnerability and vulnerability to vulnerability, referring to the first, substantial vulnerability, which emerges from natural, individual frailty. The second encompasses the susceptibility to becoming vulnerable, which is not natural, but created by the social and structural conditions in which the individual lives [1].

Vulnerability is a multifaceted concept, with distinct meanings and numerous understandings and implications. A concept that seems to gain strength among researchers who are studying this field of knowledge is the understanding of vulnerability from Social Determinants in Health, which is impacted by political, cultural, economic, technical and technological factors with the potential to affect certain dimensions of life and bring health risks [2]. Linked to this, the perspective of health inequities points to the conditions that place certain groups of individuals at a disadvantage in terms of access to formal and informal education and health care. These are situations that could be reduced however they are systematically perpetuated [3].

From this perspective, many questions emerged. Among them, one that seems to disturb many researchers is how we have thought about access to health and its interfaces in health education, specifically in nursing education, in times of the Covid-19 pandemic? We know that, during the pandemic, throughout 2019, 2020 and the first half of 2021, there was an increase in vulnerability, with implications for timely and quality access to health and education. There is a consensus that impoverishment, the increase in violence and the growing unemployment of the population point to a worrying health scenario. The statements based on a superficial understanding that: "Covid-19 does not discriminate who will get sick" and "We are all in the same boat" are naive and biased discourses that carry with them

myths capable of masking and marginalizing the peculiar experience of groups and different realities with regard to health care and education [4].

It is essential that educators and students, in addition to health professionals and managers in the various care scenarios, universities and the State, are attentive to the realities problematized in this edition, as well as to so many others explained during the Covid-19 pandemic, so that this way they can reflect on their ethical and constitutional commitments to democracy and the right to health.

The pandemic raised (re)emerging themes, impacting psychosocial, biological and educational factors, which are known to emerge as potentializing factors in society's vulnerability. Thus, it is necessary to understand, think about paths and make efforts to articulate the democratization of access to health and education, guarantee the quality of services, adapting to the situations generated by the pandemic, which reveal and enhance the differences in access to care and technology usually marked by social and economic inequalities. Thus, it is essential to emphasize that health education and care must be based on diversity and reduction of health inequities, in order to contribute to better training of professionals and consequently better care [3].

Amidst so many challenges, we also highlight that the population experiences a great spread of so-called fake news, which increase anxiety and fear among people. Therefore, measures are needed by health professionals and educators to minimize the damage of mistaken, wrong, untrue and sometimes criminal information that increasingly undermines our society and academia, continuous efforts by the editorial board and reviewers of the ECNH magazine.

And to conclude this editorial, I would like to thank all the authors for the knowledge shared with generosity, critical thinking, kindness, competence, experiences, reflections, love and concerns. We would also like to thank the reviewers who carefully conduct the evaluations of each manuscript, and finally, the ECNH Editorial Board for the trust placed in us as an editor. And we cannot fail to express our thanks to all the members of this working group. At this time when the world is going through unquestionable transformations, the opportunity for social inclusion as a public policy is glimpsed, as it enables the right to health for all. We would like the construct produced and shared here to help in the (re)construction of new spaces for debate, transforming the education and professional performance of those who care for/care for different people, in the various scenarios of society, so that they can in this way promote equitable, universal and humane access during and after the pandemic. Our deepest wish is that this edition opens the door for others to come, with the most diverse themes that disturb the field of education in health and nursing.

Bibliography

1. Junges JR., *et al*. "Programmatic vulneration as an explanatory category of ethical problems in primary health care. Trab. Educate me". *Health, Rio de Janeiro* 16.3 (2021): 935-953.

2. Carmo ME and Guizardi FL. "The concept of vulnerability and its meanings for public health and social care policies". *Cadernos de Saúde Pública* 34.3 (2017): e00101417.

3. Patel JA., *et al*. "Poverty, inequality and COVID-19: the forgotten vulnerable". *Public Health* 183 (2020): 110-111.

4. Tourinhoi FSV and Ga Raimondi. "Teaching in Health in Times of Covid-19: Access, Inequities and Vulnerability". *Brazilian Journal of Medical Education* 44.1 (2020): e0164.

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