



Editorial

Equity program: strategies on clinical studies as an aggregating potential

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The principle of health equity aims at equal access by all population diversities, mainly the most vulnerable ones. When it comes to the Brazilian public Unified Health System (SUS) and granting somehow access to different individuals, we still have many challenges. One challenge is the availability of new technologies, a major advance, but it tends to create imbalance between the public and supplementary health sectors, especially because of the cost involved in the process and delay of these technologies in getting to the public sector. Pondering over the aspect of equity and technological development, a tool that can substantially help is clinical research. The Brazilian Association of Hematology, Hemotherapy and Cellular Therapy (ABHH), through its Equity Program, recognizes that there is a possible convergence with this aspect and understands the importance of clinical trials for the principle of equity, once the most modern technology is linked to trials, not only in terms of therapy, but diagnosis as well, among other possibilities.

Social disparities cause discomfort to the minds and hearts of true humans, and we from ABHH live with this concern. We live and work in the attempt to reduce imbalances and inequalities. We have effectively achieved some victories in making life more egalitarian. However, extra efforts should be devoted so we can successfully accomplish this aim. Essentiality points out the minimum and what, in fact, every individual needs, and the role of SUS is fundamental. It is internationally acknowledged by many as a model and carries out several population health actions. Concerning the hematologic specialty, challenges are plenty. We have few specialists and unfortunately, despite all the hard efforts made to reach the most distant corners, allowing the system capillarization, not every individual can have access to what they need. Hematology and Transfusion Medicine is a complex specialty for the management of cases and is also pioneer in the development of technologies. As a result, the specialty uses this to evolve in dealing with patients and their specificities. A critical point for general health equity, but mainly for the specialties demanding constant implementations, such as hematology, reflects in the added cost of such novelties. Unfortunately, the price of new technologies strongly contributes to limit and/or delay their arrival in SUS, making the public system inharmonious compared to the supplementary system.

Health research is indispensable for moving towards our evolution and, undoubtedly, it aims at a more fulfilling and decent life. It is in constant evolution with even more enhanced rules after the Second World War. An important evolution in the clinical research model were the steps of technological development by study phases until culminating in the best model, namely the randomized trials. In these trials, individuals are randomly allocated to different groups with the purpose of obtaining a balanced sample, in other

words, in balance; and then proving that there is an advantage in terms of evolution when comparing the new technology with the previous one. However, recently, still in this process of improving clinical trials, both American and European regulatory agencies have identified an imbalance concerning the type of participants on studies based on skin color and ethnicity, and they have started to demand greater participation of Black and non-white people in new trials.¹ Therefore, clinical trials, randomized or not, contemplate the principle of equity at all times and keep improving. Other data advantageous to clinical research is the fact that these studies are sponsored by the pharmaceutical industry. Some will criticize, alleging that patients are offered like guinea pigs so companies can profit even more with their new treatments or tools. On the other hand, these research studies were responsible for extensively changing the course of modern medicine, unquestionably aggregating new technologies and improvements. Keep in mind that in our country it is required that patients have all research expenses covered by the sponsor, thus, decreasing the costs to the health system instead of increasing them. This whole combination for a country as Brazil, so diverse and with limitations of access to new technologies, mainly in SUS, favors patients towards equity in research participation.

ABHH, along with its equity committee, has been playing a leading and key role to identify, understand, and correct potential limiting factors within hematology, transfusion medicine and cellular therapy in order to support and enhance the whole principle of equity. Within our specialty, there is a frenetic technological development and sensitizing our colleagues who develop clinical research to a joint growth with the population, in the most different places of Brazil, will be of paramount importance to allow us to follow the right track for equity expansion.

We hope to change the premise that what is new and best comes first just for a few people. Let us foster the principle of equity with the implementation and encouragement for the development of clinical research, which undoubtedly adds value to everyone independently, but mainly to SUS.

Conflicts of interest

The authors declare no conflicts of interest.

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