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 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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