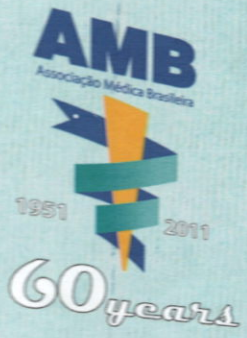


AMB 60 years

1951-2011

Associação Médica Brasileira



ORGANIZER
HÉLIO BARROSO DOS REIS

ASSOCIAÇÃO MÉDICA BRASILEIRA (BRAZILIAN MEDICAL ASSOCIATION)



1st EDITION

SÃO PAULO - SP - BRAZIL
ASSOCIAÇÃO MÉDICA BRASILEIRA
(BRAZILIAN MEDICAL ASSOCIATION)

ORGANIZER
HÉLIO BARROSO DOS REIS
2013



Photo: César Teixeira

Introduction

The Associação Médica Brasileira (Brazilian Medical Association) - (AMB) is a professional entity, nonprofit, founded in January 26, 1951. Its objective is to defend the quality of medical care in Brazil, contributing to the development of Medicine and enhancement of the physicians. It occupies two places at the Board of Directors of the World Medical Association and is also a member and a founder of the Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language), besides integrating Confederação Médica Latino-Americana e do Caribe (Latin-American and Caribbean Medical Confederation) - Confemel.

The institution has 27 State Medical Associations and 396 Regional Associations. Its Scientific Council is constituted by 50 Medical Societies, representing the specialties recognized in Brazil.

The idea of AMB creation was born from the need to gather the medical profession around a body with strength to study, coordinate and present, aiming the demands of doctors, both economically and with regard to scientific-cultural development and professional practice.

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International Cataloging Data in Publication (CIP)
(Câmara Brasileira do Livro, SP, Brazil)

AMB 60 years : 1951-2011 / organizer Hélio Barroso dos Reis. -- São Paulo : Brazilian Medical Association, 2011.

Several collaborators.
 ISBN 978-85-89073-11-0

1. Brazilian Medical Association - History
 I. Reis, Hélio Barroso dos.

11-09336

CDD-610.60981

Index for systematic catalog:

1. Brazilian Medical Association : History
 610.60981

ISBN - International Standard Book Number: 978-85-89073-13-4

Circulation: 3.000 copies

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ACKNOWLEDGMENT**Ana Maria de Almeida Camargo**

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Editorial Commission assembled in AMB, December 10, 2009.



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Presentation

Photo: Osmar Bustos



José Luiz Gomes do Amaral

President of the Associação Médica Brasileira (Brazilian Medical Association) - (2005-2008 and 2008-2011 administrations)

When the Associação Médica Brasileira (Brazilian Medical Association) was created, in January 26, 1951, physicians and most of all patients, did not seek in internet when they had doubts about diseases. Neither wrote e-mails or messages in instantaneous communicators. Readings were made in the libraries of the Faculties which, at that time, totaled 18 on the country and only two were private. There were 18,000 physicians in action in the country. Nowadays, that is the number of professionals graduated yearly. There are 347,000 physicians in the labor market.

The creation of AMB happened in the beginning of the transition period between the agrarian Brazil and the industrialized and modern country after major state development plans. At that time, the Brazilian population totaled 51 millions, with 16 millions living in cities and 33 millions in rural areas. The illiteracy rate was 52% and life expectancy at birth was 43.2 years. There were 9.05 millions houses but only 1.44 millions had access to basic sanitation. Now, after 60 years, Brazil has 189 millions inhabitants, with 160 millions living in cities and 29 millions in the country, the illiteracy rate is 9.6% and life expectancy is 73.1 years. There are about 58.6 millions domiciles in Brazil, 34.6 millions of them with septic tank or general network.

During the first decade of AMB foundation, the rural population was larger than the urban but the phenomenon of transition moved very fast. Infectious diseases accounted for 40% of all deaths registered in the Country and today accounts for less than 10% of mortality. The rate of cardiovascular diseases lethality was 12% and today is 50%, besides being the diseases related to the heart the most prevalent.



The concern with the defense of the professional dignity of the physician and the quality assistance to the population health permeate the works of AMB since its foundation. In 1953, the Association created the first Brazilian Code of Medical Ethics. The Code already mentioned the Declaration of Geneva (1948), regarded as a modern view of the moral precepts of the Oath of Hippocrates. Since 1958, titles of specialist are awarded together with the Specialty Societies, after rigorous evaluations. The Programa de Educação Médica Continuada (Continuing Medical Education Program) - (EMC) updates scientific knowledge. Elaborated in partnership with the Conselho Federal de Medicina (Federal Council of Medicine), it is free, at distance and open to all Brazilian physicians. Through the Comissão Nacional de Acreditação (National Accreditation Commission), AMB administers the necessary credits to update the titles. Since 2000, the Institution invests in the evolution of the work with the Specialty Societies through the Projeto Diretrizes (Project Guidelines). In April 1957, AMB released the first Table of Fees. Formulated by physicians, it contained 2040 procedures. From that date, through the Comissão de Honorários Médicos (Commission of Medical Fees), the Association has revised periodically the Table. In 2003 was published the first edition of the Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures) - (CBHPM). Among the innovations are: the way to rank the procedures, taking as basis the consultation, and the division by anatomical regions. Nowadays, CBHPM contains 4150 procedures. The pillars of the history of AMB, which will be the objectives of the pages of this book, illustrate several ways that the Institution uses in the incessant search of its mission: defending ethical values, qualifying practice and valuation of the doctor.



Preface

Photo: Shiro Irie



Hélio Barroso dos Reis

Cultural Director of the Associação Médica Brasileira (Brazilian Medical Association) - 2008-2011 administration

The narrative of events and actions that involve the Associação Médica Brasileira (Brazilian Medical Association) - (AMB), adorned by episodes of struggles and victories, have transformed this work in a historical chapter of Medicine.

It was divided in three parts: "Yesterday", "Today" and "Tomorrow", so that the reader may travel through those six decades of existence of the entity. In "Yesterday", we brought back the history of AMB foundation, with all its Presidents and Boards of Directors, from 1951 to 2011.

In "Today", we show the continuous advances in communications to doctors, such as the AMB Journal (RAMB), the AMB Magazine (JAMB), the AMB News, the official webpage, among other means of communication that put the doctor update with major scientific events and those concerning the professional defense of his/her area. To stimulate literary production by doctors from different regions of Brazil, we launched JAMB Culture. The society could not be forgotten, so an exclusive magazine was created: O Médico & Você (The Doctor & You).

We also show the advances related to professional defense and dignity and how the Comissão de Assuntos Políticos (Political Affairs Commission) - (CAP) has had an irreparable performance in the National Congress. In Continuing Medical Education there were several actions, such as on-line courses, congresses and forums. We also highlight the Programa Diretrizes (Guidelines Program) through the Medicine Based on Evidences and the Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures) - (CBHPM), which presents itself modern and more just, as it



has reached the maturity to be periodically reviewed and with a nomenclature in favor of insertions of new scientifically confirmed procedures.

One bright study was delivered to the doctors, the society and authorities about medical schools, guiding paths to control the indiscriminate opening of Faculties of Medicine in Brazil. Internationally, AMB is present in commissions and boards of directors of the World Medical Association, as well as in others entities. It has also actively participated on the revision of the Declaration of Helsinki. In social actions, are pointed out the campaigns: Fumo em Aviões (Smoking in Airplanes), Abuso nos Planos de Saúde (Abuse in Health Plans), Pró-genéricos (Pro-Generics), Quero Mais Brasil (I Want More Brazil), De Olho no Imposto (Keeping an Eye on Taxes), Eu Quero Mais Saúde (I Want More Health) and others.

“Tomorrow” is on the agenda. Dreaming, architecting and designing the Ordem dos Médicos do Brasil (Order of Doctors of Brazil) make sense. Therefore, we have sought the opinions of leaders of the Federação Nacional dos Médicos (National Federation of Doctors), the Conselho Federal de Medicina (Federal Council of Medicine) and the Associação Médica Brasileira (Brazilian Medical Association).

Brazilian doctors are to be congratulated and should continue to be proud of exercising our profession, which remains to be widely an art. Beyond distinguishing the main actions and purposes of AMB, this volume makes cultural, political, educative and historical approaches. What the AMB did and does for doctors, society, Medicine and the Country? That question, I think, comes to the surface and with answers to everybody.

To prelude and organize this work was a pleasure and an untouchable honor.

AMB

Associação Médica Brasileira



1951

2011

60 *anos*

Acknowledgments

To the patients, reason of the existence of Medicine, with affection, respect and dedication.

*“Books do not change the world,
who changes the world are people.
Books only change people.”*

Mário Quintana (1900 – 1994)



Photo: Museum of Santa Casa (Holy House of Mercy) de SP Brotherhood

A vintage, sepia-toned photograph of a hospital room. On the left, a bed with a metal frame is visible, covered with white linens. In the background, a large window with a pointed top and multiple panes is set into a light-colored wall. The overall scene is dimly lit, suggesting an indoor setting.

Yesterday

Chapter I

ASSOCIAÇÃO MÉDICA BRASILEIRA (BRAZILIAN MEDICAL ASSOCIATION) AND ITS ORIGINS

Jorge Carlos Machado Curi
Pedro Salomão Kassab (*in memoriam*)
Yvonne Capuano

THE PRESIDENTS AND THEIR BOARDS

Flávia Negrão
Hélio Barroso dos Reis

THE EMBLEM OF AMB

Guido Arturo Palomba



Associação Médica Brasileira (Brazilian Medical Association) and its origins

Differently from what had occurred in the capital of the Empire, where was created the Sociedade de Medicina do Rio de Ja-

neiro (Rio de Janeiro Medical Society) in 1829, later transformed into Academia Imperial de Medicina (Imperial Academy of Medicine) and, with the Republic, into Academia Nacional de Medicina (National Academy of Medicine), São Paulo would only know similar institution much later. Throughout the nineteenth century the population of São Paulo suffered a lack of equipments for medical attendance. There was not, also, an effective politics for control and eradication of the epidemics that plagued, from time to time, its territory. The of a superior course of Medicine was an old aspiration of all professionals in the area, but the attempts made in this sense, during the monarchy, have not produced the expected result.

In 1888 was founded the Sociedade Médico-Cirúrgica de São Paulo (Medical-Surgical Society of São Paulo), considered the first entity of that kind between us. Its president was Antônio Pinheiro de Ulhoa

Photo: Watercolor of João Washth Rodrigues



Watercolor of José Washth Rodrigues (1891-1957) portraying the former installation of São Paulo Polyclinics and the Sociedade de Medicina e Cirurgia (Society of Medicine and Surgery). Reproduced from the book *Faculdade de Medicina da Universidade de São Paulo (Faculty of Medicine, University of São Paulo): The House of Arnaldo*, Revinter Editor, 2004, page 12

Cintra, Baron of Jaguará, who was engaged into fighting yellow fever. The initiative, however, was short lived.

The advent of the Republic found São Paulo with the same needs in the field of public health. It was not quite ten the number of medical institutions. Among them was the Santa Casa de Misericórdia (Holy House of Mercy), the oldest philanthropic hospital in the city.

In 1891, as part of the plan to provide the State with health services compatible with the new regime, was created the Academia de Medicina, Cirurgia e Farmácia de São Paulo (Academy of Medicine, Surgery and Pharmacy of São Paulo). But the political instability of the period did not allow that the measure taken by President Américo Brasiliense de Almeida Melo progressed.

In 1895, a group of physicians decided to create the Sociedade de Medicina e Cirurgia de São Paulo (Society of Medicine and Surgery of São Paulo). The preparatory meetings were attended by Teodoro Reichert, Luís Pereira Barreto, Inácio Marcondes de Resende, Pedro de Resende, Amarante Cruz, Cândido Espinheira, Erasmo do Amaral, Luís de Paula, Marcos de Oliveira Arruda and Evaristo da Veiga. Acclaimed President, Luis Pereira Barreto invited Matias de Vilhena Valadão and Sérgio Florentino de Paiva Meira to join the board of the new entity, whose main objective was to

Photo: Museu da Cidade de São Paulo



Photograph taken around the corner of 15 de Novembro Street with Direita Street and Sé Square in 1894. At the back, right, Igreja de São Pedro (St. Peter's Church); left and center, the beginning of 15 de Novembro Street. Photographer: Guilherme Gaensly 1894

Photo: São Paulo postcards from the twenties



Commercial Street, narrow and congested in the twenties

look after the interests and improvement of medical class. The statute limited the number of members to 50. The Society moved into the building of the Faculdade de Direito de São Paulo (Faculty of Law of São Paulo). One year later was created a Polyclinic, in the corner of São Bento and Direita Streets, which started to provide assistance to the needy population of the city. By joining as partners, the doctors had to undergo a curricular review in order to demonstrate their scientific knowledge.

São Paulo knew then a vertiginous increase of its population, tanks to the development of the coffee growing economy and the expansion of commercial and industrial activities, for which contributed the waves of Italian, Portuguese, Spanish, Syrian and Lebanese immigrants. In 1890 there were about 65,000 inhabitants; ten years later that number reached 239,000 and in the late twenties the population was estimated in 1 million people. It was urgently necessary to expand the number of hospitals and doctors to meet the growing demand for health services.

Over time, appeared to welcome them, among others, the Sociedade de Beneficência Portuguesa (Portuguese Society of Beneficence), the Sociedade Italiana de Beneficência (Italian Society of Beneficence) and the Sociedade Beneficente

Sírio-Libanesa (Syrio-Lebanese Society of Beneficence) and the Hospital de Isolamento (Isolation Hospital), where today is Hospital Emílio Ribas. The struggle of doctors for safe work conditions was also an important factor in the emergence of new entities.

Between the late nineteenth and early twentieth centuries, despite the creation of higher education courses, institutes of research and medical societies, epidemics (partly attributed to the large numbers of immigrants that São Paulo came to house) brought serious problems to the population. Since the actions of the so called Sanitarian Brigade were precarious and sporadic, the aid came only in moments of crisis, in places with the highest concentrations of workers and in ports. The epidemiological profile was then formed by the presence of several diseases, such as smallpox, tuberculosis, leprosy, yellow fever, infectious and parasitic diseases. Pioneers as Osvaldo Cruz, Carlos Chagas, Emílio Ribas and Adolfo Lutz, among others, played an important role in its eradication.

In October 5, 1912, arose the Cruz Vermelha Brasileira (Brazilian Red Cross). Its leader, Maria Renotte, physician and pedagogue, designed a place for convalescents care, a nursing school and a children's hospital. After the serious hospital crisis in 1918, the building was built in the district of Indianópolis.

Francisco de Paula Rodrigues Alves, President of the State of São Paulo, approved in December 1912 the law that transformed the Academia de Medicina, Cirurgia e Farmácia (Academy of Medicine, Surgery and Pharmacy), created in 1891 and not yet regulated, in the Faculdade de Medicina e Cirurgia Plástica de São Paulo (Faculty of Medicine and Surgery of São Paulo). Having Arnaldo Augusto Vieira de Moraes as Director, the school began operating the following year.

The Medicine that was practiced then was a liberal profession. Patients choose doctors of their preference and the least wealthy were treated in hospitals of charity. Little by little, however, under the influence of social movements, doctors began to be paid employees, working under contracts of service. The new relationships between salaried doctors and the companies led to a critical situation: insufficient wages forced doctors to increase the number of services, at the expense of their quality. It was necessary to create an entity to defend the interests of the doctors.

In the twenties, several studies and new measures, mainly thanks to the interference of state, started the so called labor cycle in health area. Thus was created, in 1929, the Sindicato dos Médicos (Doctors' Union), which failed to have the number of affiliations expected. The entity was only recognized in 1941.



Photos: São Paulo postcards from the 1920s

Postcards from the 1920s, portraying the Hospital de Isolamento (Isolation Hospital) and the Hospital Beneficência Portuguesa (Portuguese Beneficence Hospital)

On November 29, 1930, at the initiative of Alberto Nupieri and with the collaboration of renowned doctors, such as Oscar Monteiro de Barros and Domingos Rubião Alves Meira, was founded the Associação Paulista de Medicina (Paulista Association of

Photo: São Paulo postcards from the 1920s



Postcard from the twenties portraying the Brotherhood of the Santa Casa de Misericórdia de São Paulo (Holy House of Mercy of São Paulo)

Medicine). One hundred and forty doctors gathered in the amphitheater of the Faculdade de Medicina de São Paulo (Faculty of Medicine of São Paulo) at Brigadeiro Tobias Street, summoned by Rubião Meira, and instituted the new entity. Two years later the association congregated 650 doctors, a very representative number of the category. Recognized as of public utility by federal decree 15580, of May 1944, it began to receive notable medical professionals from all over the State of São Paulo.

Since the presidency of Oscar Monteiro de Barros, in the biennium 1943-1944, the Association began to design its own headquarters. The profitable administrations of Jairo Ramos (1945-1952 and

1955-1956) allowed the construction of the building at number 278, Brigadeiro Luís Antônio Avenue, opened in 1951. The land was donated by Governor Fernando Costa and the building was constructed through donations and bank loan. Similar to what occurred in Italy of Benito Mussolini, Getúlio Vargas supported the formation of unions, under the aegis of the Ministry of Labor. Years later, in 1944, during the IV Congresso Médico Sindicalista (IV Medical Union Congress), the entity positioned itself for the existence of a Council of Medicine, formally created by decree-law 7955 of September 13, 1945. The new unit mission was to ensure the maintenance of ethical principles in medical practice. The measure faced strong resistance from certain groups, specifically doctors from São Paulo, since the Council was subordinate to the Ministério do Trabalho (Ministry of Work) and the efficacy of its actions in the States and at the federal level was strongly questioned.

Struggling to free the category of pressure from Unions, doctors conceived the creation of an associative organ that, in addition to bringing together professionals from all over the country, no longer would be under the tutelage of government. By that time, most doctors worked in their own offices, in private hospitals or in government agencies linked to public health.

In 1949, when Ademar Pereira de Barros governed São Paulo, doctors who

belonged to the functional staff of the Secretary of Health promoted a campaign to demand better working conditions and remuneration. The repercussion of the movement put forth the need for a national medical institution that, in addition to defending the interests of professionals, fought for the advancement of medical science and the preservation of its ethical values. That's when two exponents, Professors Alípio Corrêa Netto and Jairo de Almeida Ramos, idealized the Associação Médica Brasileira (Brazilian Medical Association). It was imperative to bring together the dispersed professionals and approach the already existing regional entities, as the Associação Paulista de Medicina (Paulista Association of Medicine).

In January 23, 1951, at the Congresso do Brasil Central (Congress of Central Brazil), held in Uberaba to discuss the theme Socialization of Medicine and denounce the situation of the medical class due the progressive socialization of the profession, Bolívar de Sousa Lima, director of the Associação Médica de Minas Gerais (Medical Association of Minas Gerais) launched the creation of the new entity. The defenders of that idea knew that the beginning would not be easy, as medical and political interests are rarely consensual. Said Sousa Lima:

"Given the importance of this Congress, highly representative of a large part of the medical class in the Country, I propose, as a corollary of this exposition, that starts here, with official character, the plan of organization of the

Associação Médica Brasileira (Brazilian Medical Association), which essentially comprises: setting a time and place for a Congress specially convened for that purpose; request to all state entities in the Country and doctors in general, to prepare theses and statutes for the future AMB, to be discussed and approved at that Congress."

With the presence of the majority of state medical societies, on January 26 of that year, during the III Congresso da Associação Paulista de Medicina (III Congress of the Paulista Association of Medicine), was finally created the Associação Médica Brasileira (Brazilian Medical Association). It was decided that the entity's headquarters would be in São Paulo and was elected an interim board, under the command of Alípio Corrêa Netto; who stated:

"I was asked to chair an interim commission to organize the statutes of the Associação Médica Brasileira (Brazilian Medical Association). The draft project of these statutes has already been elaborated and sent to all state associations of the Country; we have already received proposals of modification of several of them and we have already scheduled a meeting for its approval and registration, which will be done in October, in Belo Horizonte. Only after that meeting AMB may interfere in affairs of the medical class. Only after that meeting the medical class will have the opportunity to make its voice heard.

Only after this organization is founded and legalized we can speak on behalf of the medical class. Only then may be declared if it is convenient, useful or not the Order of Doctors."

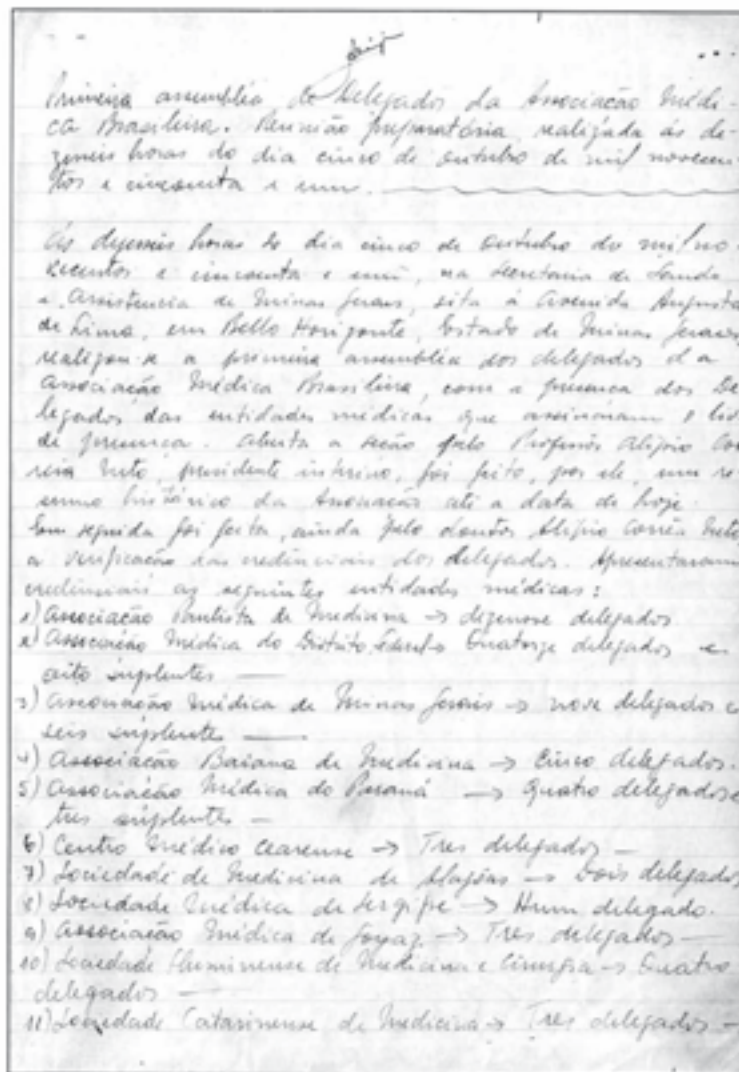
Working with Alípio Corrêa Netto and assisting him in drafting the statutes, were Nelson Planet, Febus Gikovati, Dorival Fonseca Ribeiro and Luís E. Puech Leão. The draft should then be submitted for appraisal of the state societies.

With the scope of the struggle to defend professionals, their union, the improvement of scientific culture and the solution of social problems, the project established the number of delegates of the entity, based on the amount of physicians in each State. The first meeting of the elected delegates occurred between October 5 and 7, in the city of Belo Horizonte, with representatives of the Sociedade de Medicina de Alagoas (Alagoas Society of Medicine) (3), Associação Bahiana de Medicina (Bahiana Association of Medicine) (5), Centro Médico Cearense (Cearense Medical Center) (3), Associação Médica do Distrito Federal (Medical Association of the Federal District) (14), Sociedade Espírito-Santense de Medicina e Cirurgia (Espírito-Santense Society of Medicine and Surgery) (1), Associação Médica de Goiás (Medical Association of Goiás) (3), Sociedade de Medicina e Cirurgia do Maranhão (Medicine and Surgery Society of Maranhão) (1), Associação Médica de Minas Gerais (Medical Association of Minas Gerais) (9), Sociedade

de Medicina e Cirurgia de Niterói (Society of Medicine and Surgery of Niterói) (3), Associação Médica do Paraná (Medical Association of Paraná) (4), Associação de Medicina de Pernambuco (Medicine Society of Pernambuco) (2), Associação Piauiense de Medicina (Piauiense Association of Medicine) (1), Associação Médica de Porto Alegre (Porto Alegre Medical Association) (1), Associação Catarinense de Medicina (Catarinense Association of Medicine) (3), Associação Paulista de Medicina (Paulista Association of Medicine) (19) and Sociedade de Medicina de Sergipe (Sergipe Society of Medicine) (1). After exhaustive discussion they approved the final statute, elaborated similarly to that of the American Medical Association.

The entity's most important organ, the Assembleia dos Delegados (Assembly of Delegates), should contain, at least, two representatives from each State; other members would complete such representation, in proportion to the amount of members of federal societies quits. The Deliberative Council, with guiding and advisory power, would be integrated by the presidents of the regional institutions. As to the Board, it would have administrative and executive functions, supported by six standing commissions: Scientific, Medical Education, Public Health, Finance, Assistance and Social Welfare and Professional Defense. The Association had one unique statute but, as a federal organ, preserved the patrimony and individuality of each state entity.

Minutes of the First Assembly of Delegates of the Associação Médica Brasileira (Brazilian Medical Association), meeting held on October 5, 1951



1917

12) Sociedade de Medicina de Porto Alegre → hum delegado.
 13) Sociedade de Medicina e Cirurgia de Pernambuco → hum delegado, credito criado.
 14) Sociedade de Medicina de Pernambuco → dois delegados.
 15) Diretoria de Saude da Pernambuco → hum delegado.
 16) Diretoria de Saude Naval → hum delegado.

Foram em seguida, e por aclamação, elita a seguinte mesa diretora dos trabalhos desta primeira assembleia de delegados da Associação Médica Brasileira: Presidente → Professor Alípio Corrêa Neto. Vice Presidentes → Professores Jori Martinho da Rocha, Hilton Rocha e Rossanah de Oliveira. Secretarios → doutores Lebes Ikkovata e Haroldo de Vasconcelos.

Após as palavras de agradecimento dos professores Alípio Corrêa Neto e Jori Martinho da Rocha, foi pelo primeiro, lido o programa de trabalhos desta assembleia de delegados, que é o seguinte:

Dia cinco → 15 horas: Mesa preparatoria - verificação das credenciais - aprovação do regimento interno da assembleia - eleição da mesa e das comissões. 21 horas - reunião das comissões. Dia seis → 9 horas - reunião das comissões - 15 horas - primeira reunião plenária - discussão e aprovação do anti projeto dos estatutos. Dia sete → 9 horas - segunda reunião plenária - discussão do projeto de criação da Ordem dos Médicos. 15 horas - Terceira reunião plenária - filiação da ABM às associações Médicas Pan Americanas e Mundial, além da autonomia da ABM. 19 horas - sessão solene de encerramento - leitura e aprovação das moções.

Em seguida, e atendendo a sazes de antecipação do regresso da delegação baiana, o professor Hilton Rocha pediu a inversão das reuniões plenárias do dia sete. Logo em votação, foi aprovado por unanimidade.

2

unidade. Em seguida, foi a seção suspensa por quinze minutos, para que a mesa e o doutor Ismael Teixeira elaborassem um anteprojeto de Regimento Interno à assembleia. Quinze minutos após, reaberta a seção, foi discutido e aprovado o seguinte regimento interno:

- 1) Um orador somente poderá falar no máximo duas vezes, por reunião e sobre um assunto, dez minutos na primeira vez e cinco minutos na segunda.
- 2) O relator de um assunto poderá falar vinte minutos mais dez minutos, com interrupção do relator dos "Estatutos", que poderá falar trinta minutos mais dez minutos.
- 3) São criadas as cinco comissões seguintes: "Feriências" — "Ordem dos Médicos e Conselhos de Medicina" — "Filiação" — "Estatutos" e "Reivindicação médica".
- 4) Por proposta do próprio João Ramos, foi aprovado cada comissão seria composta da seguinte maneira: um membro de cada delegação para a comissão de Estatutos, e, para as demais comissões, as delegações de mais de quatro delegados indicariam um membro, enquanto as delegações menores escolheriam a comissão da qual gostariam de tomar parte.
- 5) Não poderá tomar parte, nenhuma só comissão, mais de um delegado de cada representação. O resto do tempo foi tomado pela discussão do caso da credenciação da Sociedade de Medicina e Cirurgia de Maranhão ao Professor Hilton Rocha, para que este representasse aquela associação nesta assembleia de delegados. Após a manifestação do ponto de vista de vários oradores, foi aprovado, por trinta e sete votos contra cinco e três, dos cinquenta delegados presentes, que o Professor Hilton Rocha seja o representante da citada entidade Maranhense, podendo, como tal, indicar representantes às comissões e exercer o direito de voto, na assembleia. Contra tal resolução, a delegação do Centro Médico Cearense

dit

representou o seguinte protesto, que fica incluído na presente ata. " Embora reconhecendo o critério e o mérito do ilustre representante designado pelo Estado do Maranhão - Prof. Hilton Kocha - em nome da Delegação do Ceará protestamos contra o procedente aberto nesta reunião com a votação por promovação e por médico não filiado à Sociedade Médica Estadual ordenada pelo Hon. gônte, em cinco de outubro de mil novecentos e cinquenta e um - assinado J. C. Ribeiro Newton Gonçalves e W. M. Cantídio. Em seguida, após o reabimento pela mesa, dos delegados indicados para a constituição das cinco comissões, ficaram estas assim constituídas: Estados - Cunha Netto (Federal) Traldo Lemos (Sergipe) João Emami Brito (Paraná) Aníbaldo Carvalho (São Paulo) Luiz Passos (Foz de Iguaçu) Roldão Comom (Sta. Catarina) Hilton Kocha (Maranhão) José Carlos Ribeiro (Ceará) Luiz Rogério (Baía) Roberto Rezende (Minas) Mozões - Horácio Elisário (Baía) Enand Teixeira (Federal) Filício Brito Coutinho (Baía) Duval Rosa Borges (São Paulo) Aldemar Camargo (Foz de Iguaçu) João Vilas (Mato Grosso) Reivindicações Médicas - Elias Couto Almeida (Baía) Washington Loyollo (Federal) Alcides Almeida (Paraná) José Carlos Cardoso (São Paulo) Rodolfo Mendes (Foz de Iguaçu) Danilo Henri Duarte (Sta. Catarina) Walter Cantídio (Ceará) Fernando Veloso (Minas) Ordem dos Médicos e Conselho de Medicina - Josicelli Freitas (Baía) Bueno de Andrade (Federal) Florentino Vila Nova Artigas (Paraná) Proprieta Soares (São Paulo) Antonio Guimarães Araújo (Sta. Catarina) Newton Gonçalves (Ceará) Helio Selipino (Minas) Filiação - Emílio de

3

Diário

Lima (DFederal) João Luiz Betega (Paraná) Ulhôa
Cintra (Paulo) José Ferolla (Minas) Vivaldo Barbosa
(Baia). Nada mais havendo para tratar, foi a reunião encor-
sada e lavada a presente ata que vai por mim assinada
e pelos componentes da mesa.

Bello Horizonte, em cinco de Outubro de mil novecentos e cincoen-
ta e um.

- x *Prifis Bonina*
- x *José Antônio*
- x *João de Deus*
- x *Ulhôa Cintra*
- x *Epitácio*
- x *Haroldo V. Vasconcelos*

The Board of Directors elected for the biennium 1951-1953 had as holders:

President: Alípio Corrêa Netto (SP)

1st Vice-President: José Martinho da Rocha (DF)

2nd Vice-President: Hilton Ribeiro da Rocha (MG)

3rd Vice-President: Hosannah de Oliveira (BA)

General Secretary: Dorival Macedo Cardoso (SP)

Under Secretary: Haroldo Vieira Vasconcelos (DF)

Treasurer: Osvaldo Lange (SP)

Under Treasurer: Eraldo Lemos (SE)

As advisory bodies of the Board were included:

- Assistance and Social Security: Haroldo Vieira Vasconcelos (DF), Antônio Muniz de Aragão (SC), Durval de Rosa Borges (SP) and Lucas M. Machado (MG);
- Public Health: José Martinho da Rocha (DF) and Túlio Rapone (RS);
- Professional Defense: Dorival Macedo Cardoso (SP), Luís Rogério de Sousa (BA), Milton Munhoz (PR) and Afonso Taylor da Cunha Melo (DF);
- Scientific: Hilton Rocha (MG), Rubens Maciel (RS), Ermiro de Lima (DF) and Augusto Mascarenhas (BA);
- Finances: Osvaldo Lange (SP), Bruno Maia (PE), Antônio B. Lefêfre (SP) and Haroldo Juaçaba (CE);

- Medical Education: Hosannah de Oliveira (BA), Antônio de Ulhoa Cintra (SP), Oscar Versiani (MG) and Jurandir Picanço (CE).

In addition to sending to National Congress a request for annulment of the decree-law 7955, the Association took other resolutions: sent to the congregations of the federal medical schools an office about the career of teacher in the area, postulating the creation of the posts of instructor, adjunct professor and assistant; was willing to make a survey of the living conditions of doctors, so they could have their basic needs met; it took opposed position to the exploration of the sale of scientific books necessary to complement and update doctors.

In its newly opened headquarters, Associação Paulista de Medicina (Paulista Medical Association) felt honored for hosting the first installation of the Associação Médica Brasileira (Brazilian Medical Association). The center of the city of São Paulo, where is the 14 stories building that still houses the São Paulo federate, was then buzzing with the cultural and political events that characterized the post-New State period.

In 1952 the Association wrote the Memorial dos Médicos (Doctors' Memorial), which contained the main demands

of the category. The different causes in which it was engaged made it increasingly prestigious. Among the items of the document signed by President Alípio Corrêa Netto, was stated: “the doctors who work as civilian public servants, autarchic or paraestatais ask that they are put on equal terms with their colleagues from the Municipality of the Federal District, São Paulo State and the Municipality of São Paulo. It is, therefore, no privilege; it is considered only equalization”.

Without own income, the entity began to operate at the headquarters of the Associação Paulista de Medicina (Paulista Association of Medicine), chaired by Jairo Ramos, who gave it financial support. By way of an advance, it received up to 20,000 cruzeiros monthly, to be reimbursed as associations deposited their contributions.

The Journal of the Associação Paulista de Medicina (Paulista Association of Medicine) began publishing, in January 1952, the Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association), which was known by its initials: BAMB. The journal brought systematic information about the institution, as well as news of interest to associates. From March 1954 the publication gained autonomy under the title Revista da Associação Médica Brasileira



Building of Associação Paulista de Medicina (Paulista Association of Medicine) in 1951; front view showing only 9 floors – first headquarters of AMB

(Brazilian Medical Association Journal), with a circulation of 14,000 copies and quarterly basis.

On January 30, 1953, in Rio de Janeiro, during the fourth meeting of the Deliberative Council, was finally approved the Code of Ethics of the Association. There were numerous debates in the period, regarding the classification of doctors in the federal public service.

According to the career plan of functionalism, the letter “O” was the highest level and medical professionals sought to ensure with it their prestige and social recognition. Several strikes were then performed, seeking to approve bill 1082, 1950, in the National Congress. Despite vetoing it, President Café Filho assured the increase of salary pleaded by doctors.

Since the endorsement of decree-law 7955, in 1945, which created the Councils of Medicine, Jairo Ramos was struggling so that the entities were autonomous. Backed by Alípio Corrêa Netto, he called an election for the first board of the Conselho Regional de Medicina de São Paulo (Regional Council of Medicine of São Paulo), in 1955. The forces of Associação Paulista de Medicina (Paulista Association of Medicine) and Associação Médica Brasileira (Brazilian Medical Association), were now joined by the Conselho Regional de Medicina do Estado de São Paulo (Regional Council of Medicine of the State of São Paulo), headed by its elected President, Flaminio Fávero.

Signed by Juscelino Kubitschek two years later, law 3.268, from September 30, 1957, stated that the Federal Council and the Regional Councils of Medicine came now to constitute conjointly an autarchy, each one of them having legal personality of public law with administrative and financial autonomy.

In October 1956, in the city of Ribeirão Preto, took place the First Congress of the Associação Médica Brasileira (Brazilian Medical Association), with the presence of renowned national and foreigner lecturers. Other important conquests can be credited to it, in those first years. The most significant, however, was the mandatory inclusion, in the Regional Councils and the Federal Council of Medicine, of a representative of the Associação Médica Brasileira (Brazilian Medical Association), as established in law 3.268, of 1957.

The entity was growing, through the always forceful actions of its leaders. In 1973, counting with approximately 25,000 associates, it managed to acquire the current headquarters, at São Carlos do Pinhal Street, 324, for Cr\$1.000.000,00 (one million cruzeiros), value obtained on loan from Caixa Econômica Federal (Federal Saving Bank).

The increasing number of associates and the continuous intervention of the Association in cases of its interest – improvement of medical education and care, more balanced distribution of professionals in the Brazilian territory, problems related to preventive medical assistance, approximation with public administrators and many others – changed the dynamics of its vehicle of communication. In June 1962, the Bulletin began to have

a new periodicity, becoming weekly, under the name of the *Jornal da Associação Médica Brasileira* (Brazilian Medical Association Magazine) (JAMB) and with 20,000 copies.

Today, the Associação Médica Brasileira (Brazilian Medical Association) represents 350,000 doctors, distributed in 27 federative units affiliated in all the Brazilian territory and 50 specialty societies. One of its most important assignments is the qualification of doctors, through titles based on rigorous assessment of professional knowledge and performance in different areas. It is also involved in the implementation of the

Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures), in the formulation of Guidelines and various campaigns, such as that recently embraced against the abuses committed by companies operating health and insurance plans. Evoking the circumstances of origin and formation of the Association, in the opportunity of the celebrations of its 60th birthday, it is fundamental to recognize, in this long trajectory, the fulfillment of the mission that justified it: to defend the quality of health in Brazil and the dignity of the medical professionals.

Photo: AMB collection



Headquarters of AMB, acquired in 1973, in São Carlos do Pinhal Street, number 324 – Bela Vista – São Paulo/SP – Brazil



The Presidents and Their Boards

The 60 years of activity of the Associação Médica Brasileira (Brazilian Medical Association) are a testimony of the struggles of the doctors who have devoted great efforts to the pursuit of improving the quality of care provided to Brazilian citizens, while they sought to rescue the dignity of their professional performance.

The battles were many, the work hard, but there is still much to conquer. The regulation of the Medical Act, the allocation by the Federal Government of adequate resources for Health, the adoption of Plano de Cargos, Carreira e Vencimentos (Positions, Career and Remuneration Plan) and Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures) for the professional remuneration and the creation of the Career of State for the doc-

tors of SUS are some of the claims currently on the agenda.

The road is long, difficult and tortuous, but groups of doctors are dedicated to work successively to always improve Brazilian Medicine. In this chapter we recall the colleagues who contributed to the enhancement of the profession acting in the AMB. We present the Boards, draw a brief biography of the Presidents and list the most significant facts of each administration. We chose to put next to the name of each president the symbol of the state where he has exercised his professional career as a doctor and not the symbol of his state of birth.

It was a great pleasure to accompany how much we have progressed in this journey. After all, the work of each man is the result of the collective effort of those who preceded him and those who surround him.

Alípio Corrêa Netto (SP)



Born in 1898 in the city of Cataguazes, Minas Gerais, graduated from the former Faculdade de Medicina e Cirurgia de São Paulo (Faculty of Medicine and Surgery of São Paulo). He worked actively forming doctors

as Euryclides de Jesus Zerbini, Eduardo Etzel, Arrigo Antonio Raia, Irany Novah Moraes, Rubens Monteiro de Arruda, Jorge Zaidan and Joaquim Vieira Filho, among others. He managed leadership among prominent surgeons of his time. He participated in the Second World War as Chief of Medical Service of the Brazilian Expeditionary Force in Italy. Exerted political positions, was secretary of the State, deputy, dean of the Universidade de São Paulo (University of São Paulo) and the first president of the Associação Médica Brasileira (Brazilian Medical Association). He directed the Entity initially as provisional president, then as effective president.

On January 30, 1953, during the IV Meeting of the Board, held in Rio de Janeiro, was approved the Code of Ethics of the AMB. That same year the entity announced the beginning of the publication of the Journal of the AMB. Its first issue was published in March 1954, with a circulation of 14,000 copies and quarterly basis. With strong hand, but conciliator, professor Alípio structured the AMB, which won prestige, gathered the class and strengthened it.

Board 1951-1953

- 1st Vice-President:
José Martinho da Rocha (DF)
- 2nd Vice-President:
Hilton Ribeiro da Rocha (MG)
- 3rd Vice-President:
Hosannah de Oliveira (BA)
- Secretary-General:
Dorival Macedo Cardoso (SP)
- Undersecretary:
Haroldo Vieira de Vasconcelos (DF)
- Treasurer:
Oswaldo Lange (SP)
- Under Treasurer:
Eraldo Lemos (SE)

Board 1953-1955

- 1st Vice-President:
Hilton Ribeiro da Rocha (MG)
- 2nd Vice-President:
Iseu de Almeida e Silva (RJ)
- 3rd Vice-President:
Hosannah de Oliveira (BA)
- Secretary-General:
Dorival Macedo Cardoso (SP)
- Undersecretary:
Murillo Bastos Belchior (RJ)
- Treasurer:
Mário de Souza Soares (SP)
- Under Treasurer:
Roaldo A. Koehler (PR)

Hilton Ribeiro da Rocha (MG)



Born in 1911 in the city of Cambuqueira, in Minas Gerais. He graduated in Medicine from the Faculdade de Medicina de Minas Gerais (Faculty of Medicine of Minas Gerais), was an assistant professor at the ophthalmology clinic, reaching PhD. He organized the first course of post-graduation in Brazil, organized by the Faculdade de Medicina de Minas Gerais (Faculty of Medicine of Minas Gerais). He chaired the Conselho Brasileiro de Oftalmologia (Brazilian Council of Ophthalmology). He is considered one of the legendary and pioneer figures of ophthalmology in Brazil. Great humanist, a noted scholar, became a member of the Academia Mineira de Letras (Minas Gerais Academy of Letters), occupying the chair number 21. In AMB, was sworn during the Assembly of Delegates held in Recife, Pernambuco. In his administration was held the first congress of the AMB in the city of Ribeirão Preto, between 23 and 27 October 1956. In that Congress, the teaching of medicine was dissected, leaving a study on medical education that was sent to the then

Minister of Education, Clóvis Salgado and adopted almost entirely by the legislation that would govern the matter.

It was also under the presidency of Hilton Rocha that were organized the Medical Councils. On September 30, 1957, the law 3268 determined the mandatory inclusion of a representative of the local medical association, affiliated with the AMA, as well as another representative, to integrate the Conselho Federal de Medicina (Federal Council of Medicine).

Board 1955-1957

- 1st Vice-President:
Iseu de Almeida e Silva (RJ)
- 2nd Vice-President:
Bruno Maia (PE)
- 3rd Vice-President:
Bruno Marsiaj (RS)
- Secretary-General:
Dorival Macedo Cardoso (SP)
- Undersecretary:
Murillo Bastos Belchior (RJ)
- Treasurer:
Hilton Neves Tavares (SP)
- Under Treasurer:
Joaquim Madeira Neves (SC)

Iseu de Almeida e Silva (RJ)



Graduated from the Faculdade de Medicina do Rio de Janeiro (Faculty of Medicine of Rio de Janeiro), chaired the Sindicato dos Médicos do Rio de Janeiro (Doctor's Union of Rio de Janeiro) and the Conselho Federal de Medicina (Federal Council of Medicine).

Elected by ticket only, his administration was marked by the struggle for the interests of the class and constant appeals to the government for increasing the value of the so called Service Unit.

In 1958, the Assembly of Delegates established the Regimento dos Departamentos Científicos da AMB (Rules of the AMB Scientific Department), in which the entity he established covenants with specialized societies to integrate its scientific departments. In that decade, physicians had pride in their status as associates of professional associations like the AMB, since at that time doctors were liberal professionals, living from the gain at work in clinics or hospitals, sometimes in a public employment and also giving free care in Hospitals of Charity.

In February 1959, thirty five doctors met to lay the bases of the foundation of the Associação Médica de Brasília (Medical Association of Brasília), which would be affiliated to AMB.

In his administration came the Second Congress of the AMB, held between September 29 and October 4, 1959, in Belo Horizonte.

Its main theme was "Organization of Medical Care in Brazil". The congress was attended by foreign technicians from countries where the subject was most widely studied, as United States, Britain, France, Israel, Sweden, Italy and South Africa. In its social program the event included a performance by the Brazilian Symphonic Orchestra, conducted by maestro Eleazar de Carvalho.

Board 1957-1959

- 1st Vice-President:
José Bolivar Drummond (MG)
- 2nd Vice-President:
Antônio Moniz de Aração (SC)
- 3rd Vice-President:
Bruno Maia (PE)
- Secretary-General:
Dorival Macedo Cardoso
- 1st Secretary:
Luiz Gonzaga Murat (SP)
- 2nd Secretary:
Jairo Pombo do Amaral (RJ)
- 1st Treasurer:
Fausto Figueira de Mello (SP)
- 2nd Treasurer:
Fausto Seabra (SP)
- 3rd Treasurer:
João Manoel Carvalho Filho (ES)

Antônio Moniz de Aragão (SC)



Born in 1903 in the city of Petrópolis, State of Rio de Janeiro. Orthopedist and Traumatology, graduated from the Universidade do Estado do Rio de Janeiro (University of the State of Rio de Janeiro) in 1927. He chaired the Associação Catarinense de Medicina (Catarinense Association of Medicine) from 1955 to 1959, the World Medical Association from 1961 to 1953, was Adviser to the Conselho Federal de Medicina (Federal Council of Medicine) in 1964 and President of the Conselho Regional de Medicina do Estado de Santa Catarina (Regional Council of Medicine of the State of Santa Catarina) from 1973 to 1977. Patron of Chair No. 1 chair of the Academia Catarinense de Medicina (Academy of Medicine of Santa Catarina), he is the first doctor registered in the Conselho Regional de Medicina de Santa Catarina (Regional Medical Council of Santa Catarina).

He maintained close relationship with go-

vernment authorities. In his tenure, the main concern of the entity was the medical-hospital assistance.

The II Congress of the AMB also marked the inauguration of the new board of AMB. The then president, Juscelino Kubitschek de Oliveira (1902-1976), delegated powers to the Ministry of Health, Mário Pinotti, to represent him and read his speech during the congress: *"My government will not fail with the strong support for initiatives born of your meetings. Ensuring this support, when I tell you that I shall plan on your side, I know that I am working for the most genuine interests of nationality"*.

The first Bulletin of AMB in tabloid format (number 24), December 1959, brought in its front page a "hello message" from Minister Mário Pinotti, praising the work of the AMB on behalf of the medical class and presented an overview of the Medicine at the time. The edict revealed that the partial nationalization changed the living

conditions of the doctor and that there was shortage of doctors in Brazil (inland, 90 municipalities had no doctors).

A telegram from the Secretary-General, and soon after the news of telegraph international agencies, brought to the knowledge of Brazilian doctors the auspicious news that the president of the Associação Médica Brasileira (Brazilian Medical Association) had been elevated to the honorable position of President Elected of the World Medical Association (WMA), at the same time as the assembly the WMA in Berlin had chosen Rio de Janeiro for headquarters of its meeting in 1961.

Board 1959-1961

- 1st Vice-President:
Oromar Moreira (MG)
- 2nd Vice-President:
Mário Degni (SP)
- 3rd Vice-President:
Walter Ghezzi (SP)
- Secretary-General:
Dorival Macedo Cardoso
- 1st Secretary:
Waldemar Ferreira de Almeida (SP)
- 2nd Secretary:
Almir Barbosa Guimarães (RJ)
- 1st Treasurer:
Fausto Figueira de Mello (SP)
- 2nd Treasurer:
Plínio de Toledo Piza (SP)
- 3rd Treasurer:
Pedro Cerqueira Lima Netto (PR)

Sebastião de Almeida Prado Sampaio (SP)



He was born in Casa Branca, São Paulo, 1919. Graduated from the Faculdade de Medicina da Universidade de São Paulo (Faculty of Medicine, University of São Paulo), he was approved in contest as PhD, completing his training abroad. He

assumed the chair of Dermatology in the Faculdade de Medicina da Universidade de São Paulo (Faculty of Medicine, University of São Paulo). He was a member of the International Committee of Dermatology, founded the Seção de São Paulo da Sociedade Brasileira de Dermatologia (Section of São Paulo of the Brazilian Society of Dermatology) and also served as Clinical Director of the Hospital das Clínicas.

The new board of AMB was sworn in October 1961, during the Assembly of Delegates held in Porto Alegre, Rio Grande do Sul. At that time, the main struggle of the entity was to solve the problems of preventive medical assistance, to improve the quality of medical education and fight for a better distribution of doctors across in the country. At a meeting of the Deliberative Council held in Recife, it was decided to establish a commission integrated by representatives of AMB, with the task of monitoring the implementation of the table of the Departamento Nacional de Previdência Social (National Department of Social Security - DNPS), propose suggestions and improve it. Another matter

of concern was the question of working hours, when the Council decided to send letter to the President of Republic, Jânio Quadros, requesting a 33 weekly hours of work.

In June 1962, the Boletim da AMB (Bulletin of AMB) began to circulate with 20,000 copies and to be edited weekly. Editorial changes turned it into a newspaper, receiving the name of Jornal da Associação Médica Brasileira (Brazilian Medical Association Magazine) (JAMB).

Board 1961-1963

- 1st Vice-President:
Alvaro Rubin de Pinho (BA)
- 2nd Vice-President:
Ruy Noronha Miranda (PR)
- 3rd Vice-President:
Jorge Sampaio de Marsillac Motta (RJ)
- 4th Vice-President:
Calil Porto (MG)
- 5th Vice-President:
Alfonso Bianco (SP)
- Secretary-General:
José Salustiano Filho (SP)
- 1st Secretary:
Francisco Luiz Cardamone Ranieri (SP)
- 2nd Secretary:
Fran Teixeira Lima (DF)
- 1st Treasurer:
Luiz Fernando Rodrigues Alves (SP)
- 2nd Treasurer:
Salim Moysés Auada (SP)
- 3rd Treasurer:
Walter Bittar (GO)

José Luiz Tavares Flores Soares (RS)



Born in Porto Alegre, Rio Grande do Sul, 1906. He graduated from the Faculdade de Porto Alegre (Faculty of Porto Alegre), had a fast rise in the university education, rising to chief of clinics of the First Chair of Medical Clinics in the Faculty where he graduated.

duated.

He was also president of the Associação Médica do Rio Grande do Sul (Medical Association of Rio Grande do Sul), a founding member and the record number one of the Conselho Regional de Medicina do Rio Grande do Sul (Regional Council of Medicine of Rio Grande do Sul) and of the Conselho Federal de Medicina (Federal Council of Medicine). Recently graduated, he was deputy editor of the Arquivos Rio-Grandenses de Medicina (Rio-Grandenses Archives of Medicine), left many speeches and articles in newspapers and magazines, medical or otherwise, in defense of ethics, defending the unity of doctors around their entities. He received honors, including the Ordem do Mérito Médico (Order of Medical Merit), awarded by the federal government. He is the patron of chair number 41 in the Academia Sul-Rio-Grandense de Medicina (Sul-Rio-Grandense Academy of Medicine).

Flores Soares was sworn President during the II Congress of the AMB, in Fortaleza, Ceará.

It was also in the administration of José Luiz Tavares Flores Soares that the Associação Mé-

dica Brasileira (Brazilian Medical Association) started the statutory reforms, in September 1964, when it had a membership of 20,000 doctors. The fight for the interests of the class was intensified and constant appeals to the government were carried out for increasing the Service Unit value (U.S.).

Board 1963-1965

- 1st Vice-President:
Fernando Megre Velloso (MG)
- 2nd Vice-President:
Jair Xavier Guimarães (SP)
- 3rd Vice-President:
Pedro Cerqueira Lima Neto (PR)
- 4th Vice-President:
Frederico Cavalcanti P. da Carvalheira (PE)
- 5th Vice-President:
Guaraciaba Quaresma Gama (PA)
- Secretary-General:
Pedro Salomão José Kassab (SP)
- 1st Secretary:
Hugo Mazzilli (SP)
- 2nd Secretary:
Mário Maia (AC)
- 1st Treasurer:
José Salustiano Filho (SP)
- 2nd Treasurer:
Leonardo Messina (SP)
- 3rd Treasurer:
Armando Valério de Assis (SC)

Fernando Megre Velloso (MG)



Born in 1918, in the State of Minas Gerais. Devoted to the Associação Brasileira de Psiquiatria (Brazilian Association of Psychiatry), he was a founding and presided over it from 1971 to

1973. He was Secretary of Health and Assistance of the State of Minas Gerais, from 1971 to 1975. On August 28, 1977, in the meeting of the World Psychiatric Association, he was approved Individual Honorary Member, as a landmark of his services to this institution.

He was installed president of AMB during the realization of the IV Congress of AMB, in Porto Alegre, Rio Grande do Sul. In April 1967, he edited the first version of the Tabela de Honorários Médicos da AMB (AMB Table of Medical Fees), which was not initially accepted by the Departamento Nacional de Previdência Social (National Department of Social Security - DNPS).

During his tenure, on 7 June 1967, a fire took over the editorial and also the shipping sector of AMB, destroying much of the documental memory of the entity.

Elected again in 1967, he sought to maintain the same line of action of his previous mandate: to defend the medical class against the flattening of wages. To do that, he intensified the process for adoption of the Tabela de Honorários Médicos da AMB (AMB Table of Medical Fees) by the DNPS.

Board 1965-1967

- 1st Vice-President:
Alberto Vianna Rose (RS)
- 2nd Vice-President:
Frederico Cavalcanti P. de Carvalheira (PE)
- 3rd Vice-President:
Geraldo Ignácio de Loyola Sodré Martins (BA)
- 4th Vice-President:
Anwar Auad (GO)
- 5th Vice-President:
Orlando Rodrigues da Costa (PA)
- Secretary-General:
Pedro Salomão José Kassab (SP)
- 1st Secretary:
Ítalo Domingos Le Vocci (SP)
- 2nd Secretary:
Ubiratã Ouwinha Peres (DF)
- 3rd Secretary:
José Luiz Guimarães Santos (RJ)

- 1st Treasurer:
José Salustiano Filho (SP)
- 2nd Treasurer:
Gil Soares Bairão (SP)
- 3rd Treasurer:
Arnaldo Moura (PR)

Board 1967-1969

- 1st Vice-President:
Manoel Antonio de Albuquerque (RS)
- 2nd Vice-President:
Rosaldo Carneiro Cavalcanti (PE)
- 3rd Vice-President:
Eduardo C. Kraichette (RJ)
- 4th Vice-President:
José Cesar de Castro Barreto (GO)

- 5th Vice-President:
Guaraciaba Quaresma Gama (PA)
- Secretary-General:
Pedro Salomão José Kassab (SP)
- 1st Secretary:
Joaquim Mendes Santi (SP)
- 2nd Secretary:
Ubiratã Ouwinha Peres (DF)
- 3rd Secretary:
José Luiz Guimarães Santos (RJ)
- 1st Treasurer:
Leonardo Messina (SP)
- 2nd Treasurer:
Luiz Celso Taques (SP)
- 3rd Treasurer:
Arnaldo Moura (PR)

Pedro Salomão José Kassab (SP)



He was born in São Paulo, in 1930. Doctor and writer, graduated from the Universidade de São Paulo (University of São Paulo), specialist in Dermatology, was a member of the Advisory Council of the Fundação Faculdade de Medicina da USP (Foundation Faculty of Medicine, USP), president of AMB by six administrations, headed the World Medical Association. He served as director general of the Liceu Pasteur, was president of the Conselho Estadual de Educação de São Paulo (State Council of Education of São Paulo) and of the Câmara de Educação Superior (Chamber of Higher Education), member of Conselho de Ética do Conselho Nacional de Auto-Regulamentação Publicitária (Ethics Board of the National Council of Publicity Self-Regulation) - (Conar). He belonged to the Academia de Medicina de São Paulo (Academy of Medicine of São Paulo), the Academia Paulista de Letras (Paulista Academy of Letters), the Conselho da Fundação Antonio Prudente (Council of the Antonio Prudente Foundation) and several other respected organs. His tenure in the AMB occurred in Nova Friburgo, Rio de Janeiro, with the presen-

ce of Geremias Fontes, Governor of the State of Rio.

Addressing the problems involving medical care, Pedro Kassab highlighted some main points: the setting of correlations between the assistance, the doctors' fees and the patient's participation in the costs.

One of his first steps in AMB was to ask the Ministry of Health the suspension of the creation of new medical schools and, upon request of the Ministry itself, developed an extensive work addressing the main aspects for the elaboration of the Basic Law of Health. He also started the national registration of doctors in the country. Promoted editorial change in JAMB and began providing services for its associates through the Center of Bibliographic Information. In his administration was also produced a long and detailed document titled Diretrizes para o Problema de Saúde (Guidelines for the Health Problem).

In May 1973, signed Pedro Kassab the financing for the purchase of AMB own headquarters, at São Carlos do Pinhal Street. The 25 years of the Entity, in 1976, were celebrated at the Palácio dos Bandeirantes (Bandeirantes Palace) and, in the same year, the VIII Congress of AMB was performed together with the I Congress of the World Medical Association, in São Paulo.

Board 1969-1971

- Vice-President:
José Gilberto de Sousa (MG)
- Vice-President:
Fernando Pombo Dornelles (RS)
- Vice-President:
Bruno Maia (PE)
- Vice-President:
José dos Santos Pereira Filho (BA)
- Vice-President:
Amyntor Paula Cavalcante (PA)
- Vice-President:
Ubiratan Ouvinha Peres (DF)
- Vice-President:
José Luiz Guimarães Santos (RJ)
- Vice-President:
Arnaldo Moura (PR)
- Secretary-General:
Joaquim Mendes Santi (SP)
- 1st Secretary:
Luiz Celso Taques (SP)
- 1st Treasurer:
Leonardo Messina (SP)
- 2nd Treasurer:
Oscar César Leite (SP)

Board 1971-1973

- Vice-President:
Francisco José Neves (MG)
- Vice-President:
Fernando Pombo Dornelles (RS)

- Vice-President:
Bruno Maia (PE)
- Vice-President:
José dos Santos Pereira Filho (BA)
- Vice-President:
Guaraciaba Quaresma Gama (PA)
- Vice-President:
João da Cruz Carvalho (DF)
- Vice-President:
Waldenir de Bragança (RJ)
- Vice-President:
Manoel Stenghel Cavalcanti (PR)
- Secretary-General:
Luiz Celso Taques (SP)
- 1st Secretary:
Mário Cinelli Júnior (SP)
- 1st Treasurer:
Leonardo Messina (SP)
- 2nd Treasurer:
Oscar César Leite (SP)

Board 1973-1975

- Vice-President:
Francisco José Neves (MG)
- Vice-President:
João Antonio Becker (RS)
- Vice-President:
José dos Santos Pereira Filho (BA)
- Vice-President:
Darcy Lima (PE)
- Vice-President:
Guaraciaba Quaresma Gama (PA)

- Vice-President:
João da Cruz Carvalho (DF)
- Vice-President:
Waldenir de Bragança (RJ)
- Vice-President:
Manoel Stenghel Cavalcanti (PR)
- Vice-President:
Carlos Augusto Studart da Fonseca (CE)
- Secretary-General:
Radion Schueler Barboza (SP)
- 1st Secretary:
Mário Cinelli Júnior (SP)
- 1st Treasurer:
Oscar Cesar Leite (SP)
- 2nd Treasurer:
Mauro Cândido de Souza Dias (SP)

Board 1975-1977

- Vice-President:
José Gilberto de Souza (MG)
- Vice-President:
João Antonio Becker (RS)
- Vice-President:
José dos Santos Pereira Filho (BA)
- Vice-President:
Darcy Lima (PE)
- Vice-President:
Leopoldo Costa (PA)
- Vice-President:
João da Cruz Carvalho (DF)
- Vice-President:
Waldenir de Bragança (RJ)
- Vice-President:
Iseu Affonso da Costa (PR)
- Vice-President:
Carlos Augusto Studart da Fonseca (CE)

- Secretary-General:
Radion Schueler Barboza (SP)
- 1st Secretary:
Mario Cinelli Júnior (SP)
- 1st Treasurer:
Oscar César Leite (SP)
- 2nd Treasurer:
Mauro Cândido de Souza Dias (SP)

Board 1977-1979

- Vice-President:
José de Laurentys Medeiros (MG)
- Vice-President:
João Antonio Becker (RS)
- Vice-President:
José dos Santos Pereira Filho (BA)
- Vice-President:
Darcy Lima (PE)
- Vice-President:
Leopoldo Costa (PA)
- Vice-President:
João da Cruz Carvalho (DF)
- Vice-President:
Waldenir de Bragança (RJ)
- Vice-President:
Francisco de Paula Soares Filho (PR)
- Vice-President:
Carlos Augusto Studart da Fonseca (CE)
- Secretary-General:
Radion Schueler Barboza (SP)
- 1st Secretary:
Celso Luiz Taques (SP)
- 1st Treasurer:
Oscar César Leite (SP)
- 2nd Treasurer:
Mauro Cândido de Souza Dias (SP)

Board 1979-1981

- Vice-President:
José de Laurentys Medeiros (MG)
 - Vice-President:
Murillo Ronald Capella (SC)
 - Vice-President:
Valdir Cavalcanti Medrado (BA)
 - Vice-President:
Frederic Cavalcanti P. da Carvalheira (PE)
 - Vice-President:
Leopoldo Costa (PA)
 - Vice-President:
João da Cruz Carvalho (DF)
- Vice-President:
Waldenir de Bragança (RJ)
 - Vice-President:
Luiz Fernando Beltrão (PR)
 - Vice-President:
Carlos Augusto Studart da Fonseca (EC)
 - Secretary-General:
Radion Schueler Barboza (SP)
 - 1st Secretary:
Luiz Celso Taques (SP)
 - 1st Treasurer:
Oscar César Leite (SP)
 - 2nd Treasurer:
Mauro Cândido de Souza Dias (SP)

Mário Barreto Corrêa Lima (RJ)



He was born in Sobral, Ceará, in 1935. Gastroenterologist graduated from the Universidade Federal do Estado do Rio de Janeiro (Federal University of the State of Rio de Janeiro).

Professor Emeritus of Internal Medicine and Director of the School of Medicine and Surgery, Universidade Federal do Estado do Rio de Janeiro (Federal University of the State of Rio de Janeiro), Titular Member of the Academia Nacional de Medicina (National Academy of Medicine) and former President of the Sociedade de Medicina e Cirurgia do Rio de Janeiro (Society of Medicine and Surgery of Rio de Janeiro), member of the Academia Nacional de Medicina (National Academy of Medicine).

He managed to approve by unanimity the updating of the statutes of the time. Also during his tenure was created the Scientific Council of AMB, in which are represented all the Specialty Societies affiliated.

It was in April 1983 that AMB paid the last

installment of the financing purchase of its headquarters. In the following month was published an updated version of THM - AMB and a new magazine of the association: Revista de Medicina, Cultura e Ciência (Journal of Medicine, Culture and Science), which sought to bring to readers doctors other aspects of medicine.

He promoted the realization of States General Meetings, which demonstrated the need of a national movement showing the poor working conditions of the doctor in public service and the low pay. On March 30, 1981, was triggered the Dia Nacional do Protesto (National Day of Protest).

The wage campaign of 1981 represented an important moment for the medical category in those later years. Despite the few economic conquests, the medical category gave a demonstration of its willingness to fight. The doctor got aware of his condition of life and work, as well as those of the medicine he practiced. Much of the population began to understand that the doctor was not responsible for the poor care provided the population.

Board 1981-1983

- Vice-President:
Anísio Pires de Freitas (DF)
 - Vice-President:
Djalma C. L. de Vasconcelos (PE)
 - Vice-President:
Francisco de Paiva Freitas (CE)
 - Vice-President:
José Antonio Santos Diniz (MG)
 - Vice-President:
Lamartine Correa de Moraes Junior (PR)
 - Vice-President:
Luiz Umberto Ferraz Pinheiro (BA)
- Vice-President:
Luiz Carlos Espindola (SC)
 - Vice-President:
Makhoul Moussallem (RJ)
 - Vice-President:
Raimundo Delio Guilhon (PA)
 - Secretary-General:
Herval Pina Ribeiro (SP)
 - 1st Secretary:
Lor Cury (SP)
 - 1st Treasurer:
José Mário Taques Bittencourt (SP)
 - 2nd Treasurer:
José de Freitas (SP)

Nelson Guimarães Proença (SP)



He was born in 1932, in the city of São Paulo. He graduated from the Faculdade de Medicina da Universidade de São Paulo (Faculty of Medicine, University of São Paulo). He made university career with doctorate from the Faculdade de Ciências Médicas da Universidade de Campinas (Faculty of Medical Sciences, University of Campinas) - (Unicamp) and PhD from the Escola Paulista de Medicina (Paulista School of Medicine) - (UNIFESP). He was professor of the Faculdade de Ciências Médicas da Santa Casa de São Paulo (Faculty of Medical Sciences at Santa Casa de São Paulo), in the Dermatology Department. He published hundreds of scientific papers, in specialized journals in Brazil and abroad. He had scientific papers awarded by the Associação Paulista de Medicina (Paulista Medical Association) and the Ibero-Latin-American College of Dermatology. He was secretary of Assistance and Social Development of the State Government of São Paulo. His dedication to social themes took place both in the medical field and in public life. As a doctor, he worked for 14 years with leprosy and wildfire patients in the State Se-

cretary of Health. In Santa Casa de São Paulo, the clinic he led became reference to the attendance of helpless people.

As councilman he distinguished himself by the work of support to entities that attend mentally handicapped people, and organized two important "Entities Meetings" for this purpose. He was the relater of a Draft Law on the social area of the municipality, having signed the Substitute what was discussed and approved by the entities engaged in this area. He was responsible for reshaping of the *Journal da Associação Médica Brasileira* (Brazilian Medical Association Magazine) - JAMB, which after 25 years as a tabloid came to be printed on the standard model. On the changes, the journal stopped being printed with the blue logo and its circulation exceeded 60,000 copies.

The movement *Diretas Já* (Direct Elections at Once) took care of the Country in 1984, so AMB signed a manifest and participated in the rally in Sé Square, in São Paulo, in favor of direct elections. It also launched the new edition of the *Tabela de Honorários Médicos* (Medical Fees Table), which immediately began to be widely adopted throughout the South of the country. Nelson Proença also expanded and renovated the current headquarters of the entity at São Carlos do Pinhal Street, São Paulo.

Board 1983-1985

- Vice-President:
Amyntor de Paula Cavalcante (PA)
- Vice-President:
Antonio Celso Nunes Nassif (PR)
- Vice-President:
Bernardo Fernando Viana Pereira (BA)
- Vice-President:
Carlos Adolpho de Carvalho Pereira (MG)
- Vice-President:
Carlos Pinto de Sá (RS)
- Vice-President:
Hindenburg Tavares de Lemos (PE)
- Vice-President:
Miguel Ângelo Roberto D'Elia (RJ)
- Vice-President:
Newton Nunes de Lima (PI)
- Vice-President:
Roberto Doglia Azambuja (DF)
- Vice-President:
Agrimeron Cavalcanti da Costa (SP)
- Secretary-General:
Hernani Schwartz (SP)
- 1st Secretary:
Mário Flávio Leme de Paes e Alcântara (SP)
- 1st Treasurer:
Jorge da Rocha Gomes (SP)

Board 1985-1987

- Vice-President:
Amyntor de Paula Cavalcante (PA)
- Vice-President:
Carlos Adolpho de Carvalho Pereira (MG)
- Vice-President:
Carlos José Pinto de Sá (RS)
- Vice-President:
Eduardo Augusto Bordallo (RJ)
- Vice-President:
Galvani Marinho Muribeca (PB)
- Vice-President:
Gustavo Augusto A. Ribeiro (DF)
- Vice-President:
João de Paula Monteiro Ferreira (CE)
- Vice-President:
Oswaldo Gianotti Filho (SP)
- Vice-President:
Paulo Roberto Silva Moraes (SP)
- Secretary-General:
David Serson (SP)
- 1st Secretary:
Mário Mourão Neto (SP)
- 1st Treasurer:
Agrimeron Cavalcanti da Costa (SP)
- 2nd Treasurer:
Hugo Felipozzi (SP)

Antonio Celso Nunes Nassif (PR)



Born in the city of Jaú, in São Paulo, in 1932. He graduated from the Faculdade de Medicina da Universidade do Paraná (Faculty of Medicine, University of Paraná), was a partner founder and president of the Sociedade Paranaense

de Otorrinolaringologia (Paranaense Society of Otorhinolaryngology). He also chaired the Associação Médica do Paraná (Medical Association of Paraná) and in AMB held the positions of vice-president and president of the Comissão Nacional de Honorários Médicos (National Commission of Medical Fees). He is a member of the Academia Paranaense de Medicina (Paranaense Academy of Medicine).

In his administration were published the 1988 and 1990 editions of the Tabela de Honorários Médicos (Table of Medical Fees). Conceived by Nassif, in 1987, the Cheque Honorário (Fee Check) received many adhesions. The State Bank of Paraná was the first entity to accept it, because besides simplifying the whole process, eliminated the existence of formularies and the payment was made directly by the patient to the physician of his preference.

Another item of his administration was related to the medical education. The concerning about the excessive number of medical schools open in the country culminated in the administration Nassif with the publication of the document Propostas da AMB para Cursos de

Graduação (AMB Proposals for Graduation Courses in Medicine), which was the result of a National Forum held in Aracaju, in 1989.

In the area of residency, AMB was represented in the Comissão Nacional de Residência Médica (National Commission on Medical Residency) at the Ministry of Economy. In this administration was also edited the Cadastro Nacional de Especialistas (National Registry of Specialists), publication that contained the names of all owners of specialist title in Brazil. In the area of Culture, was created the First National Contest for Prose and Poetry for members of the AMB. In 1990, AMB distributed, for the first time in its history, the Medalha Nacional do Mérito Médico (National Medal of Medical Merit). In January 1991, in celebration of the 40 years of AMB, was inaugurated the Gallery of Presidents of the Entity, aiming to rescue the memory of distinguished physicians that shaped the history of the association.

Board 1987-1989

- Vice-President:
José Quinan (GO)
- Vice-President:
Paulo Sérgio Roffé Azevedo (PA)
- Vice-President:
Lino Antonio C. de Holland (CE)
- Vice-President:
Gildo Benício de Mello (PE)
- Vice-President:
José Hamilton Maciel Silva (SE)

- Vice-President:
Hélio Osório de Paula (MG)
 - Vice-President:
Irapoan Pimenta (RJ)
 - Vice-President:
Mário da Costa Cardoso Filho (SP)
 - Vice-President:
Homero Simões Lopes Filho (RS)
 - Secretary-General:
Agrimeron Cavalcanti da Costa (SP)
 - 1st Secretary:
Wirton Miguel Gentil Palermo (SP)
 - 1st Treasurer:
Luiz Carlos Silveira Monteiro (SP)
 - 2nd Treasurer:
Maria Ester Quartim Cunha Fonseca (SP)
 - Cultural Director:
Mário Jorge Noronha (RJ)
 - Director of International Relationships:
Luiz Carlos Espindola (SC)
 - Director of Patient Care:
Eduardo Velasco de Barros (MS)
 - Director of Professional Defense and
Medical Ethics:
Cláudio Balduino Souto Frazen (RS)
- Board 1989-1991**
- Vice-President:
Daniel do Prado Figueiredo Júnior (GO)
 - Vice-President:
Paulo Sérgio Roffé Azevedo (PA)
 - Vice-President:
Lino Antonio Cavalcanti de Holanda (CE)
- Vice-President:
Gildo Benicio de Mello (PE)
 - Vice-President:
José Hamilton Maciel Silva (SE)
 - Vice-President:
Mauro Chrysóstomo Ferreira (MG)
 - Vice-President:
Irapoan Pimenta (RJ)
 - Vice-President:
Mário da Costa Cardoso Filho (SP)
 - Vice-President:
Euclides Reis Quaresma (SC)
 - Secretary-General:
Wirton Miguel Gentil Palermo (SP)
 - 1st Secretary:
Luiz Karpovas (SP)
 - 1st Treasurer:
José Alexandre de Souza Sittart (SP)
 - 2nd Treasurer:
Marilene Rezende de Melo (SP)
 - Cultural Director:
Júlio Sanderson de Queiroz (RJ)
 - Director of International Relationships:
Luiz Eduardo Machado (BA)
 - Scientific Director:
Luiz Carlos Espindola (SC)
 - Director of Patient Care:
Luiz Carlos Silveira Monteiro (SP)
 - Director of Professional Defense and
Medical Ethics:
Cláudio Balduino Souto Franzen (RS)

Mario da Costa Cardoso Filho (SP)



He was born in the city of Santos, São Paulo, in 1950. General Practitioner, graduated from the Faculdade de Ciências Médicas de Santos (Faculty of Medical Sciences of Santos), he is the first Secretary of the Sociedade

Brasileira de Clínica Médica (Brazilian Society of Internal Medicine), Executive Director of the Associação Brasileira de Medicina de Urgência e Emergência (Brazilian Association for Urgency and Emergency Medicine), Technical Director of the Sociedade Portuguesa de Beneficência de Santos (Portuguese Society of Beneficence of Santos). He was President of the Associação Médica de Santos (Medical Association of Santos), from 1983 to 1985 and vice-president of the Associação Paulista de Medicina (Paulista Association of Medicine), from 1985 to 1987. In AMB he chaired the Comissão Nacional de Honorários Médicos (National Commission of Medical Fees), from 1989 to 1993, and then assumed the presidency of the entity for two terms.

He was one of the presidents elected with the largest number of votes: he received on average more than 85% of the valid votes throughout the country. He followed the work of President Nassif, prioritizing the valorization of CH (Fees Coefficient), the implementation of the Medical Fees Table and the medical education.

Board 1991-1993

- Vice-President:
Tito de Andrade Figueirôa (DF)
- Vice-President:
Antonio Ferreira Pinho Neto (PA)
- Vice-President:
José Roosevelt Norões Luna (CE)
- Vice-President:
Sebastião Alves de Azevedo (RN)
- Vice-President:
Rui Licínio de Castro Paixão (BA)
- Vice-President:
Nauro Chrysóstomo Ferreira (MG)
- Vice-President:
Marcos Botelho da Fonseca Lima (RJ)
- Vice-President:
Wirton Miguel Gentil Palermo (SP)
- Vice-President:
Claudio Balduino Souto Franzen (RS)
- Secretary-General:
Luiz Karpovas (SP)
- 1st Secretary:
Juarez Moraes Avelar (SP)
- 1st Treasurer:
José Alexandre de Souza Sittart (SP)
- 2nd Treasurer:
Marilene Rezende Melo (SP)

- Cultural Director:
Irapoan Pimenta (RJ)
- Director of International Relationships:
Luiz Eduardo Machado (BA)
- Scientific Director:
Valdir Shigueiro Siroma (MS)
- Director of Assistance and Providence:
Antonio Carlos Lopes (SP)
- Director of Professional Defense:
Luiz Carlos Espíndola (SC)

Board 1993-1995

- Vice-President:
Tito de Andrade Figuerôa (DF)
- Vice-President:
Ibsen Augusto de Castro A. Coutinho (GO)
- Vice-President:
Paulo Sergio Roffé Azevedo (PA)
- Vice-President:
José Roosevelt N. Luna (CE)
- Vice-President:
Sebastião Alves de Azevedo (RN)
- Vice-President:
Altamirando Lima de Santana (BA)

- Vice-President:
Lenício de Almeida Cordeiro (RJ)
- Vice-President:
Cid Veloso (MG)
- Vice-President:
José Fernando Macedo (PR)
- Vice-President:
Cláudio Balduino Souto Franzen (RS)
- Secretary-General:
Wirton Miguel Gentil Palermo (SP)
- 1st Secretary:
Antonio Carlos Lopes (SP)
- 1st Treasurer:
Marilene Rezende Melo (SP)
- 2nd Treasurer:
José Alexandre de Souza Sittart (SP)
- Cultural Director:
Irapoan Pimenta (RJ)
- Director of International Relationships:
Paulo Roberto de Almeida Insfran (MS)
- Director of Professional Defense:
Celso Corrêa de Barros (RJ)
- Director of Assistance and Providence:
Rui Licínio de Castro Paixão (BA)
- Scientific Director:
Luiz Carlos Espíndola (SC)

Antonio Celso Nunes Nassif (PR)



Board 1995-1997

- Vice-President of the Center-South Region:
Enilton Sérgio T. do Egito (SP)
- Vice-President of the South Region:
Iberê Pires Condeixa (SC)
- Vice-President of the East-South Region:
Merisa B. M. Garrido (RJ)
- Vice-President of the East-Center Region:
Kleber Elias Tavares (MG)
- Vice-President of the Center Region:
Vera Lucia F. Amorim (DF)
- Vice-President of the Center-West Region:
Ibsen A. Castro A. Coutinho (GO)
- Vice-President of the East-Northeast Region:
Domingos Macedo Coutinho (BA)
- Vice-President of the Northeast Region:
Paulo Roberto Davim (RN)
- Vice-President of the North-Northeast Region:
Francisco Sálvio Cavalcante Pinto (CE)
- Vice-President of the North Region:
Jefferson O. Jezini (AM)
- Secretary-General:
Luiz Karpovas (SP)
- 1st Secretary:
Juarez Moraes Avelar (SP)
- 1st Treasurer:
José Alexandre de Souza Sittart (SP)
- 2nd Treasurer:
Maria de Fátima M. Fernandes (SP)
- Cultural Director:
Gilmar D. Cardoso (ES)
- Scientific Director:
José Fernando Macedo (PR)
- Director of Assistance and Providence:
Valdir Shigueiro Siroma (MS)
- Director of International Relationships:
Isaias Levy (RS)
- Director of Professional Defense:
Cláudio Bauduino Souto Franzen (RS)
- Effective Advisor:
José Hamilton M. Silva (SE)
- Effective Advisor:
Galvani M. Muribeca (PB)
- Effective Advisor:
Agatangelo Vasconcelos (AL)
- Effective Advisor:
Aldemar Amorim Barra (PB)
- Effective Advisor:
Humberto F. Matos (MG)
- Substitute Advisor:
Angela Augusta Lanner Vieira (RS)
- Substitute Advisor:
João José de Matos (MT/SC)
- Substitute Advisor:
Abrahão Salomão Filho (MG)
- Substitute Advisor:
Paulo de Tarso M. Borges (PI)

- Substitute Advisor:
Claudio Manoel M. Cerqueira (MG)

Board 1997-1999

- Vice-President of the Center-South Region:
Eleuses Vieira de Paiva (SP)
- Vice-President of the South Region:
Iberê Pires Condeixa (SC)
- Vice-President of the East-South Region:
Eduardo da Silva Vaz (RJ)
- Vice-President of the East-Center Region:
Lincoln Marcelo Silveira Freire (MG)
- Vice-President of the Centro Region:
Neri João Bottin (DF)
- Vice-President of the Center-West Region:
Samir Dahas Bittar (GO)
- Vice-President of the East-Northeast Region:
Domingos Macedo Coutinho (BA)
- Vice-President of the Northeast Region:
Paulo Roberto Davim (RN)
- Vice-President of the North-Northeast Region:
Francisco Sálvio C. Pinto (CE)
- Vice-President of the North Region:
Jefferson Oliveira Jezini (AM)
- Secretary-General:
Aldemir Humberto Soares (SP)
- 1st Secretary:
João Eduardo Charles (SP)
- 1st Treasurer:
José Alexandre de S. Sittart (SP)
- 2nd Treasurer:
João Cezar Mendes Moreira (SP)
- Cultural Director:
Lúcio Antônio Prado Dias (SE)
- Scientific Director:
José Fernando Macedo (PR)
- Director of Assistance and Providence:
Valdir Shigueiro Siroma (MS)
- Director of International Relationships:
Isaias Levy (RS)
- Director of Professional Defense:
Cláudio Bauduino Souto Franzen (RS)
- Effective Advisor:
Aldemar Amorim Barra (PB)
- Effective Advisor:
Agatangelo Vasconcelos (AL)
- Effective Advisor:
Galvani Marinho Muribeca (PB)
- Effective Advisor:
Flamarion G. Dutra (RJ)
- Effective Advisor:
Pedro Ernesto Pulchério (MT)
- Substitute Advisor:
Severino Dantas Filho (ES)
- Substitute Advisor:
Valdeci Ribeiro de Carvalho (PI)
- Substitute Advisor:
Any Vieira da Rocha (AC)
- Substitute Advisor:
Gislaine Furian (RJ)
- Substitute Advisor:
Norma Medicis Maranhão Miranda (PE)

Eleuses Vieira de Paiva (SP)



He was born in Santos, sea coast of São Paulo, in 1953. He graduated from the Faculdade de Medicina de Itajubá (Faculty of Medicine of Itajubá).

Doctor of the Instituto de Radiologia da Faculdade de Medicina da Universidade de São Paulo (Institute of Radiology of the Faculty of Medicine, University of São Paulo), professor of the Faculdade de Medicina de São José do Rio Preto (Faculty of Medicine of Rio Preto) and a specialist in Nuclear Medicine by the Faculdade de Medicina da Universidade de São Paulo (Faculty of Medicine, University of São Paulo), served as vice-president of the Commission of Professional Ethics of the Colégio Brasileiro de Radiologia (Brazilian College of Radiology). He was director of the Sociedade Brasileira de Biologia e Medicina Nuclear (Brazilian Society of Biology and Nuclear Medicine) and a titular member of the Colégio Brasileiro de Radiologia (Brazilian College of Radiology). He presided over the Sociedade de Medicina e

Cirurgia de São José do Rio Preto (Society of Medicine and Surgery of São José do Rio Preto) and the Associação Paulista de Medicina (Paulista Association of Medicine).

Eleuses Paiva has become one of the major national medical leaders by being always at the forefront of campaigns for the valorization of the profession and the improvement of health in the Country. Twice he was elected Federal Deputy, when he had opportunity to work as relater for approval, in September 16, 2009, of the bill regulating Medicine (medical procedure). His administrations ahead of AMB were marked by the strong union with the Conselho Federal de Medicina (Federal Council of Medicine), resulting in important actions, such as the elaboration and implementation of the Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures), the Regulamentação do Ato Médico (Regulation of the Medical Act), the Projeto Diretrizes (Project Guidelines) and the Certificado de Atualização Profissional (Certificate of Professional Updating), among others.

Board 1999-2002

- Vice-President of the South Region:
Remaclo Fischer Jr. (SC)
- Vice-President of the Center-South Region:
Ronaldo da Rocha Loures Bueno (PR)
- Vice-President of the North Region:
José Luiz Amorim de Carvalho (PE)
- Vice-President of the North-Northeast Region:
Lineu Ferreira Jucá (CE)
- Vice-President of the South-Eastern Region:
Rui Haddad (RJ)
- Vice-President of the East-Central Region:
Lincoln Marcelo Silveira Freire (MG)
- Vice-President of the Center Region:
Neri João Bottin (DF)
- Vice-President of the Center-West Region:
Samir Dahas Bittar (GO)
- Vice-President of the East-Northeast Region:
Jadelson Pinheiro de Andrade (BA)
- Vice-President of the Northeast Region:
Flávio Linck Pabst (PE)
- Secretary-General:
Aldemir Humberto Soares (SP)
- 1st Secretary:
Amilcar Martins Giron (SP)
- 1st Treasurer:
Edmund Chada Baracat (SP)
- 2nd Treasurer:
José Alexandre de Souza Sittart (SP)
- Cultural Director:
Severino Dantas Filho (ES)
- Director of International Relationships:
David Miguel Cardoso Filho (MS)
- Scientific Director:
Fabio Biscegli Jatene (SP)
- Director of Assistance and Providence:
Martinho Alexandre R. A. da Silva (RS)
- Director of Professional Defense:
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- Substitute Fiscal Council:
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José Luiz Gomes do Amaral (SP)



He was born in the city of São Paulo, in 1950. Was graduated in Medicine from the Escola Paulista de Medicina (Federal University of São Paulo) (UNIFESP/EPM), where he specialized in Anesthesiology.

He also concluded specialization in Intensive Care Medicine at the Faculty of Medicine, University Louis Pasteur in Strasbourg, France. In UNIFESP, he started the teaching career and in the institution made his postgraduate, master and doctoral degree. He is Full Professor PhD at the Faculdade de Medicina de Botucatu (Faculty of Medicine of Botucatu), UNESP and titular Professor of the Department of Anesthesiology, Pain and Intensive Care at UNIFESP. He was president of the Associação Paulista de Medicina (Paulista Association of Medicine); the Committee of Medical Social Affairs (SMAC) and member of the National Commission AMB/CFM for approval of the Lei do Ato Médico (Law of the Medical Act).

He presents outstanding work in defense of the quality of care and the professional dignity of the doctor; of bills to regulate the profession and to implement the Plano de Carreira, Cargos e Vencimentos (Plan of Career, Functions and Fees); and yet in the consolidation of

the hierarchical system of medical procedures. At AMB, he was responsible for bringing to Brazil relevant discussions about clinical researches, such as the revision of the Declaration of Helsinki (2008), the use of placebo in medical research associated with treatment (2010), and the Seminário Internacional de Resiliência Médica (International Seminar on Medical Resilience) (2010). With the Conferência Doutores de Ambiente (Conference Doctors of the Environment) (2009), he helped to spread the Declaration of Delhi on health and climate change, at the opening of the Brazilian version of Medical Leadership Training Course, an adaptation of a WMA initiative.

He was elected by acclamation to chair the World Medical Association (WMA) in 2012. The election was held in Vancouver, Canada. Also in the international ambit, he presides the Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language) (CMLP), office assumed in March 2010. Representing Brazil in the Confederação Médica Latino-Americana e do Caribe (Latin-American and -Medical Confederation) (Confemel) and in the Fórum Iberoamericano de Entidades Médicas (Ibero-american Forum of Medical Entities), has worked for the integration of the institutions with medical representation in that context. In his administration, he created also the JAMB Culture, cultural supplement

with 50,000 copies, an insert in JAMB. He implemented several social activities such as the project SOS Haiti, as well as the creation of the Comissão de Medicina Operativa (Commission of Operative Medicine) and started the Programa de Educação Médica Continuada (Program of Continuing Medical Education).

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The Emblem of AMB



AMB's first logo



AMB's second logo

Millennial symbolisms represent the emblem of the Associação Médica Brasileira (Brazilian Medical Association).

The ancient symbol, created in the 1950s in black and later transformed into blue, is a *rotundum* that brings the map of the Country at the center, evoking the giant Brazil in Earth Globe, bordered by a white circle. In the first plan, stands out a prism with the Staff of Aesculapius, the reference to the purpose of the association. Surmounting the whole is the name of the Associação Médica Brasileira (Brazilian Medical Association), and in the bottom, its initials AMB.

In 2008, the old emblem was replaced by another, which keeps the same basic characteristics of the first: allusion to the Country (before, the map of Brazil; now. green and yellow), the Staff of Aesculapius (initially, with modern touches; now, constructivist), the initials AMB and the name Associação Médica Brasileira (Brazilian Medical Association), were maintained and designed again. The work of creation was developed by the agency of advertising and marketing Y2M2, in São Paulo, under the direction of Luis Monteiro Fillettaz, and commissioned by the distinguished President of the AMB, José Luiz Gomes do Amaral.

The new emblem has a resolution very happy because, with a minimum of traces reveals the maximum in information, ie: the

sign, as simple as possible, meaning, by principle of analogy, the plenitude of the Entity.

Two basic factors, with maximum visual information, are pointed out in the new emblem. First, nothing stronger to symbolize Medicine than the bat - concerns the tree of life (with its cycle of death and birth), symbolizes the magic (such as the rod of Moses), the weapon of defense (as the mace of warriors), the support (such as the staff or stick of the shepherds), the sacerdotal character (as the crosier of bishops) - with a coiled snake. This represents good and evil, therefore, health and illness, reveals the power of rejuvenation by regular exchange of skin, or the chthonic being and the link between the visible and the invisible, between *res corporea* and *res cogitans* and is also used, itself, as an antidote and as a remedy (*teriaga*).

The second point of impact, which faithfully represents the Associação Médica Brasileira (Brazilian Medical Association), are the colors green and yellow, from the Brazilian banner, complemented by blue letters and the white background, and by the navy blue acronym.

The style, rather than tending to the modern, explains itself, now, *sine plica*, aims at simplicity, therefore constructivist, completely appropriate for the twenty-first century.



AMB's third logo



Current AMB's logo





Today

Chapter II

CAMPAIGNS

César Teixeira

Helena Fernandes



Campaigns

True to the fulfillment of its social status, specifically Article 2, paragraphs III (to guide the population about the problems of medical care, preservation and recovery of health) and XI (to promote social campaigns aimed at preventing, preserving and restoring the health of the population), the Associação Médica Brasileira (Brazilian Medical Association) has, throughout its history, devoted attention and efforts to the development of actions aimed at the welfare of the society.



Smoking in Airplanes

February/1998

As part of the campaign combating smoking, launched on February 5, 1998, the first step of action was directed on smoking in airplanes. With the support of DAC - Department of Civil Aviation, AMB distributed to passengers at the Airport of Congonhas, São Paulo, leaflets Por que não se deve fumar nos aviões (Why you should not smoke in airplanes), a process that was later extended to the main airports in the Country, to the inside of the airplanes, reaching about 600,000 people. As a result of the campaign, in October 1998, sentence of the federal judge Osório Ávilla Neto, Rio Grande do Sul, banned smoking in airplanes of Brazilian companies.

Health Plans

June/2000

An advertising campaign, supported by major medical organizations in the State of São Paulo and launched on June 21 at the headquarters of the Associação Paulista de Medicina (Paulista Association of Medicine), gave the start to the national movement, aiming to alert the government and the public about the abuses of some plans and health-insurance operators which explore professionals and users. The campaign, which had the backing of the AMB and more than 40 entities, was presented during a press conference at the AMB headquarters. Initially it relied on advertisements in newspapers, magazines, 100 fixing points of outdoors in noble areas in the city of São Paulo, and panels on the subway with the slogan: "There are health care plans that stick the knife in you. And they take the blood of the doctors. No more disrespect. Examine your health plan and require the treatment you deserve".

Pro-Generics

May/2002

The Associação Médica Brasileira (Brazilian Medical Association) participated in the celebrations of the National Day of Generic Drugs, held on May 20, 2002, in São Paulo and other Brazilian capitals. At the time, the president of AMB, Eleuses Paiva, attended the solemn opening of the I National Symposium on Generic Drugs and participated in the round table Prescription and Dispensation: the success for the treatment. Besides the Associação Médica Brasileira (Brazilian Medical Association), other entities also supported the event, such as the Associação Paulista de Medicina (Paulista Association of Medicine), the Conselho Federal de Medicina (Federal Council of Medicine), Regional and Federal Councils of Pharmacy, Municipal Secretary of Health, Ministry of Health, National Sanitary Surveillance Agency (Anvisa) and entities related to the sector. The objective was to promote the generic medicine among the population, as well as assess and record the second year of introduction and growth of generics in the country. The campaign, backed by the Pro-Generic Group, began on May 2 and ended on May 20, 2002. During this period, tents were set up at points of general circulation in all the Country capitals, where questions about the drugs could be clarified by means of brochures, information materials and tolls at various points of São Paulo, with the distribution of gifts.





Protect Yourself

March/2004

In 2004, with the Conselho Federal de Medicina (Federal Council of Medicine), the Federação Nacional dos Médicos (National Federation of Doctors), the Conselho Regional de Medicina do Estado de São Paulo (Regional Council of Medicine of the State of São Paulo), the Associação Paulista de Medicina (Paulista Association of Medicine), the Sindicato dos Médicos de São Paulo (Doctors' Union of São Paulo) and the Federação dos Médicos do Estado de São Paulo (Federation of Doctors of the State of São Paulo), AMB participated in the campaign Proteja-se (Protect yourself). Fight for the ban on the opening of new medicine courses. For Medicine with ethics, quality and social commitment". The goal of the campaign was to warn the population, sensitize the authorities and raise awareness about the potential risks posed by the creation of medical schools without the necessary conditions to provide consistent and proper training. The campaign had a website (www.proteja-se.org.br), bringing information about the opening of new courses. Material of support, such as stickers, leaflets and badges, were also produced.



Advertisement without Alcohol

June/2004

AMB, alongside other national medical organizations, participated of the national mobilization and of the manifest for the prohibition of advertising beer and other alcoholic beverages. The movement, called Beba Cidadania (Drink Citizenship), had the participation of 180 entities that claim for the adoption of a legislation to limit alcohol advertising in the media at sporting, cultural and social events, similar to the current legislation that restricts cigarette advertisements. The movement included the adhesion of new entities to the manifest and the collection of one million signatures, through a petition, demanding the approval of a law by the National Congress. In the manifesto, the entities criticized the governmental omission and the absence of public policies for prevention and control of alcohol consumption in Brazil.

In addition to the restriction of advertising, main focus of the campaign, the movement Beba Cidadania (Drink Citizenship) advocates the raising of prices or taxation of alcoholic beverages, with allocation of the collected funds for the prevention and treatment of dependents; supervision and application of the Statute of Child and Adolescent (ECA), and strict control of drunk drivers, according to the Brazilian Traffic Code.

MP 232

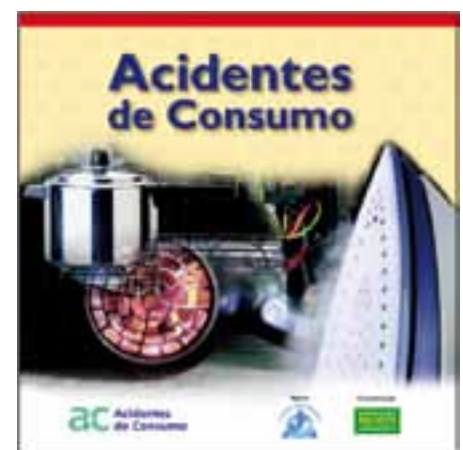
December/2004

Edited on December 30, 2004, MP 232 survived only three months. On March 30, 2005, pressured by manifestations of civil society, the government decided to withdraw the temporary measure that although correcting in 10% the table of the Personal Income Tax, increased the basis for calculating the Social Contribution on Net Income (CSLL) from 32% to 40% for service companies opting for the presumed profit. The government retreat was celebrated by the leaders of the Brazilian Front against MP 232, a movement led by the Federação das Indústrias do Estado de São Paulo (Federation of Industries of the State of São Paulo) (FIESP), which brought together 1315 class representative entities, including the Associação Médica Brasileira (Brazilian Medical Association). The Front organized a large demonstration in the Federal Chamber on 29 March, to ensure the rejection of MP by deputies.

Consumption Accidents

September/2005

The Associação Médica Brasileira (Brazilian Medical Association) and the Pro Teste - Associação Brasileira de Defesa do Consumidor (Brazilian Association for Consumer Protection) - launched in late September 2005, a booklet - *Acidentes de Consumo* (Accidents of Consumption) - to guide consumers and physicians to identify, report and prevent consumption accidents. The publication compiles the consumer rights, defines accidents of consumption in accordance with the Code of Defense of Consumer and



presents common examples of products and services failures, also providing a comprehensive guide, showing where and how to resort when victimized by accidents caused by failures in products and services. Distributed free to consumers and physicians, the primer is part of a joint effort of Pro Teste and Associação Médica Brasileira (Brazilian Medical Association) to raise awareness of the society and sensitize the National Congress for approval, with urgency, of Bill 4302/04, authored by Deputy Dimas Ramalho (PPS-SP), establishing the Sistema Nacional de Acidentes de Consumo (National System of Consumption Accidents) (Sinac). The booklet was included in the virtual health library (www.ministerio.saude.bvs.br). Thus, it is indexed to the main databases of the specialized literature, enhancing access to its content.

I Want More Brazil and Keeping an Eye on the Tax January to March/2006



In 2006, AMB joined two important movements for society: Quero Mais Brasil (I Want More Brazil), which was nonparty and demanded transparency in relations between citizens and the State, and De Olho no Imposto (Keeping an Eye on the Tax), with the objective of submitting to Congress a popular Bill to regulate paragraph 5 of the Federal Constitution, forcing the publication of tax rates on the fiscal notes for each product. With the support of 100 other entities, among which the Associação Comercial de São Paulo (Commercial Association of São Paulo); the Federação das Associações Comerciais do Estado de São Paulo (Federation of Commercial Associations of São Paulo); Ordem dos Advogados do Brasil - Seção São Paulo (Order of Lawyers of Brazil - São Paulo Section), Força Sindical (Labor Force) and Centro das Indústrias do Estado de São Paulo (Center of Industries of the State of São Paulo), the movement went through inland cities and the metropolitan region of São Paulo. The bill, accompanied by 1560,000 signatures, was delivered to the President of National Congress, Senator Renan Calheiros, on May 31, 2006, in Brasília.



Manifest Against the Sale of Liquid Alcohol

June/2006

Preceding the National Day of Struggle Against Burns, on June 6, 2006, the Associação Médica Brasileira (Brazilian Medical Association), the Associação Paulista de Medicina (Paulista Association of Medicine), the Associação Brasileira de Defesa do Consumidor (Brazilian Association for Protection of the Consumer) (Pro Teste), the ONG Criança Segura (NGO Safe Child), the Sociedade Brasileira de Queimaduras (Brazilian Society of Burn), the Instituto Pró Queimados (Pro Burned Institute) and the Sociedade Brasileira de Pediatria (Brazilian Society of Pediatrics) distributed a manifest to society, showing indignation for the continuity of direct sale of liquid alcohol above 46th INPM (National Institute of Weights and Measures) to the Brazilian consumer.

In the manifest, they warned about the severity of burning accidents caused by liquid alcohol above 46th INPM and, in addition, pleaded the Federal Chamber to vote on an urgent basis the projects dealing with the prohibition of the sale of liquid alcohol and to the Judiciary Power to judge the actions keeping the prohibition of its sale.



I Want More Health

September/2007

The Associação Médica Brasileira (Brazilian Medical Association), the Conselho Federal de Medicina (Federal Council of Medicine) and the Federação Nacional dos Médicos (National Federation of Doctors), together with the Parliamentary Front of Health, launched in early September 2007 the Campaign Eu Quero é Mais Saúde (I want more health) to support the regulation of the health budget by Constitutional Amendment 29. The campaign, developed only in Brasilia, was addressed directly to Deputies, consisting of dozens of billboards (outdoors), posters and adhesive spread in the Chamber of Deputies and throughout the city, with the slogan "Mr. Deputy, give health what belongs to health. Vote in favor of EC 29 regulation".



Valorization of Medicine and Doctor

November/2007

The last months of 2007 were marked by a series of stoppages of the medical category, particularly in Northeast. Most of them culminated in agreements of palliative character. Understanding that it is not possible to stop the attendance without founding an alternative to assist the population with dignity, AMB, CFM and FENAM joined the movement, on November 21, in favor of the Unified Health System (SUS). Among the points of claiming, the entities pleaded for best funding, with the proposal of the government to regulate Amendment 29; a career plan for doctors working in the system; adjustment of the SUS table, an alternative to service providers with the extinction of Code 7. The movement was officially launched at the headquarters of AMB, in São Paulo, on the morning of November 21, during a collective meeting with the press, with journalists from various media, to announce the joint. The campaign in favor of the valorization of SUS, which included the insertion of advertising material in newspapers of major Brazilian capitals, also contained mobilizations in the capitals of several States of the Country.

Avian Influenza A

May/2009

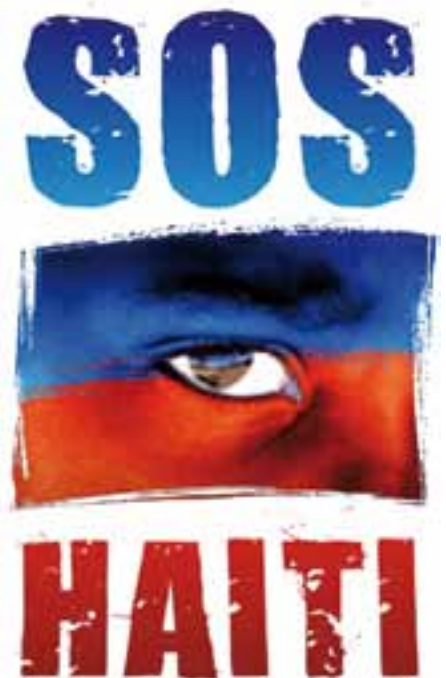
In order to guide the population and the medical class, at a news conference, held on May 8, 2009, at the headquarters of Associação Paulista de Medicina (Paulista Association of Medicine), São Paulo, the Associação Médica Brasileira (Brazilian Medical Association) and the Sociedade Brasileira de Infectologia (Brazilian Society of Infectious Diseases) (SBI) released documents containing guidance on avian influenza A (H1N1). The content of the released work - a protocol for effective practice in the diagnosis, monitoring and treatment of patients, as well as prevention - was produced by renowned professionals who integrate the technical team of the Scientific Committee on Influenza A of SBI, the Sociedade Brasileira de Medicina Tropical (Brazilian Society of Tropical Medicine), the State Secretary of Health of São Paulo, the Sociedade Brasileira de Medicina de Viagem (Brazilian Society of Travel Medicine), the Sociedade Paulista de Infectologia (Paulista Society of Infectious Diseases), the Associação Brasileira de Infecções Hos-



pitulares (Brazilian Association of Hospital Infections) and the Associação Pan-Americana de Infectologia (Pan-American Association of Infectious Diseases). The material was sent to all Federates and Specialty Societies affiliated to the ABM and is available at AMB' site (www.amb.org.br).

Haiti SOS January/2010

On January 14, 2010, AMB began registering medical volunteers to help victims of the earthquake that had occurred in Haiti two days before. Starting from that idea emerged the project AMB SOS Haiti. From January 15 to February 1, the institution received the records of 976 professionals. Maria Cecilia Damasco organized the teams of volunteers and, under the command of AMB, two groups were sent to assist the people of Haiti. Between 11 and 12 of February, traveled orthopedists Dennison Moreira, Lúcio Nuno, Fernando Ventin, Rafael Mohriak, Ricardo Ferreira and Robson Azevedo; anesthesiologists Celina Jaworski, Ellen Pereira, José Luiz Gomes do Amaral and Sérgio Lobo; vascular surgeon Ricardo Costa del Val, nurses Diego Soares, Denison Pereira, Eugênio Garcia and Luciane Cavagioni; radiology technician José César Viana. The journey was made on commercial flights through Lima, Panama and Santo Domingo. AMB, APM, Colsan and SPDM directly funded the transportation and maintenance of the team. To replace them, was sent another group that left São Paulo on February 26. The volunteers – three orthopedists, André Angeli, Bernardo Barcellos and Lucas Boechat; four anesthesiologists, André Romano, Marion Elmer, Martin Ferreira and Virgílio Paiva; a vascular surgeon, Roberta Murasaki; a pediatric surgeon, Marcia Henna; four nurses, Eliel da Silva, José Mário Dias, Lia Jerônimo and Mirian Faria; a charge of logistics, Kennethy Ferrari and a radiology technician, Ernesto de Souza - arrived in Haiti in a Força Aérea Brasileira (Brazilian Air Force) flight. The missions under direct coordination of AMB ended on March 12. In one month, 219 surgeries were performed in 148 patients. The lower limb was the region most affected (151 surgeries) and the use of external fixation was the most used procedure.



AMB Solidarity

May/2010

In order to continue the activities developed during the mission AMB SOS Haiti, was created the project In May 2010, the lectures and AMB's stand during the Fair + Hospital Forum had as theme solidary medical initiatives. Were presented: Project Cangaíba, Project Xingu – UNIFESP; Forças Armadas Brasileiras (Brazilian Armed Forces); Alfabetização Solidária (Solidary Literacy); Experiences of Hospital Albert Einstein (Albert Einstein Hospital) in the fight against dengue in Rio de Janeiro, Operation Smile; Centro Infantil Boldrini (Boldrini Infantile Center), Project Health and Happiness, ONG Amazonas Visão (NGO Amazon Vision); Fundação Otorrinolaringologia (Otorhynolaryngology Foundation); Grupo de Apoio ao Adolescente e à Criança com Câncer (Support Group for Adolescents and Child with Cancer) - UNIFESP; Associação Médica do Rio Grande do Sul (Medical Association of Rio Grande do Sul) and Saúde Brasil (Health Brazil).



Home + Safe

May/2011

The Commission for the Prevention of Home Accidents of AMB completed the format of the Casa + Segura (Home + Safe), an itinerant project with national level scope, aiming home security and which will benefit millions of people. In the project, a structure simulating a median class house was mounted on a cart that will circulate among 25 Southeastern cities, showing the visitors, in a playful and interactive way, how to prevent home accidents. The initiative of AMB is supported by the State Health Secretariat of São Paulo in the distribution of brochures, printing of messages in the water bills of 360 municipalities and dissemination of the project in all government websites of the State.



Chapter III

EDUCAÇÃO MÉDICA CONTINUADA (CONTINUING MEDICAL EDUCATION) - EMC

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COMISSÃO NACIONAL DE HONORÁRIOS MÉDICOS (NATIONAL COMMISSION FOR MEDICAL FEES) – CNHM

CLASSIFICAÇÃO BRASILEIRA HIERARQUIZADA DE PROCEDIMENTOS MÉDICOS (BRAZILIAN HIERARCHICAL CLASSIFICATION OF MEDICAL PROCEDURES) – CBHPM

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José Luiz Dantas Mestrinho
Jurandir Marcondes Ribas Filho
Lázaro Fernandes de Miranda
Luc Louis Maurice Weckx (in memoriam)
Napoleão Puento de Salles

COMISSÃO NACIONAL DE ACREDITAÇÃO (NATIONAL COMMISSION OF ACCREDITATION) - CNA

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PROJETO DIRETRIZES (PROJECT GUIDELINES) - AMB / CFM

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Educação Médica Continuada (Continuing Medical Education) - EMC



Educação Médica Continuada (Continuing Medical Education) - (EMC) is the process of maintenance and improvement of professional qualifications of the doctor by promoting medical update within the most current scientific and technical standards, ultimately favoring the valorization of the professional in the labor market. EMC also provides benefits to the population by improving the quality of care, reflected in the indication of more efficient treatments, greater patient compliance and lower treatment costs. Among the main objectives of EMC is the reduction of inequalities between what should be done and what is ac-

tually being done in daily medical practice. In Brazil, about 72% of the doctors with specialization take up residence in large centers. In some parts of the country, as the Northern Region, over 51% of practicing physicians have not made residency after completion of the course of Medicine (Medical Residence situation, according to Programs recognized by the National Commission of Medical Residence of MEC). Thus, EMC aims to contribute to the reduction of regional education inequalities, developing comprehensive programs, encouraging the participation of all doctors in the Country and expanding access to information of quality.

In many countries, like England, United States, Canada and Australia, the term EMC is being gradually replaced by the Continuing Medical Development (DMC).

The new nomenclature refers the process of medical education to a more comprehensive and holistic vision, incorporating tools that aim to develop, besides the technical-scientific content, professional skills and competencies. In other words, DMC proposes to the doctor, in addition to the attributes of EMC, the questioning and improvement in ethical, social, political-administrative and planning issues, with which many times we face in making clinical decisions.

In general, we can say that DMC, in comparison to EMC proposes:

- 1) Greater depth in content;
- 2) Greater range of themes, going beyond the clinical aspects of a particular disease, contributing to a practical view of everyday life;
- 3) It helps to make ethical decisions associated to the proposed problems;
- 4) It offers a content of Medicine based in evidence;
- 5) It directs the organization aspects of the health care system.

In the United States of America, according to the State, there is a distinction concerning the requirements of EMC pro-

grams. American doctors must carry between 12 and 50 hours per year in these programs, according to the region where they are engaged in their profession. It is estimated that between 1998 and 2003 there was a 600% increase of the participation in these programs and 800% in the supply of courses in Internet.

The speed of the growth of knowledge in all areas has transformed EMC in an indispensable tool for the maintenance of the quality of professional activity in the whole world. Imagine a doctor graduated before the 80's of last century. Until then, AIDS had not been recognized as a distinct pathological entity. The first identified case of the disease in Brazil dates from 1980 and only in 1982 its classification was really established. Likewise, hepatitis C was formally recognized in 1989. What about the diagnostic and therapeutic advances associated to the knowledge of new tumor markers, the vaccine against HPV, new drugs for the treatment of diabetes and hypertension, new anesthetic drugs, etc. Undoubtedly, the list of new acquisitions to knowledge within the area of Medical Sciences,

as well as the changes occurred in the working processes, are enormous, especially in recent decades.

Continuing our exercise of imagination, let us return to the same doctor formed before the 80's who, since his departure from the Faculty of Medicine or Medical Residence, has not relied on educational support and lives on the margins of the acquisition of new concepts or even if he is not updated on the concepts already acquired at his time in University.

We must remember that a doctor goes through a study time of six years in a Faculty of Medicine, and that in Brazil there is a disproportion between the number of places in medical schools and in medical residence. After graduation, the doctor (with or without residency) will have a productive life average of 30 years of work. If each two and half years the medical knowledge doubles, as suggested by some estimates, and most of the techniques used in Medicine will become obsolete in just seven years, we understand that it is no longer possible to the doctor to leave the Faculty without being inserted into a conti-

nuing learning program. Putting all the numbers against the rhythm at which the scientific growth is accumulating, we have a measure of the importance of the courses EMC, which ultimately favor retraining, sowing the concept of education for lifetime, stimulating the development of new competencies and abilities into the new concepts of medicine.

Add to that the social reality lived by the vast majority of doctors in Brazil, which requires more than one job for maintenance of a standard of living consistent with the function performed, reducing greatly their time to study and updating. Data from the Federal Council of Medicine in 2009 show that in the Midwest Region approximately 70% of doctors develop between 2 and 4 concurrent professional activities. Moreover, we observe that the doctor has been gradually transformed from liberal professional to employee in large public or private institutions and has lost his freedom to attend courses and conferences, as he did previously, in the time when only the office took his time. The territorial

dimensions in Brazil do not favor the displacement (both in terms of cost and time) of colleagues based in regions distant from the big cities where are held most courses and medical conferences. It is within this context that have been increasingly organized support programs for doctors, in order to make their task of updating and acquisition of new knowledge less arduous and less costly. EMC covers every kind of activity learning in which doctors are involved, aiming to improve its efficiency within the profession. EMC can be developed in the following formats:

- 1) presence - conferences, courses, workshops, lectures, meetings;
- 2) distant learning (EAD) - there are different ways to "deliver" the content to Doctors inserted into EMC programs, namely:
 - a) learning by correspondence;
 - b) learning by radio, television, phone;
 - c) learning by computer without network connection (CDs, DVDs);
 - d) learning by e-learning;
 - e) learning by m-learning;
 - f) learning by videoconference.

Undoubtedly, Internet has provided a phenomenal advancement to the whole process, reducing costs and helping to diminish different regional accesses to updated knowledge.

The Agency of Research and Quality of Health Care of the United States (AHRQ) presents data from a study about the effectiveness of EMC programs. In this evaluation, it was observed that:

- 1) EMC improves the knowledge of doctors, with good long-term results;
- 2) Courses that use multimedia are more effective than courses that use only single media;
- 3) Printed materials do not have a good cost/benefit ratio in the aggregation of knowledge;
- 4) Contents that develop practical aspects of the daily routine as the construction of clinical cases, are more efficient in teaching/learning;
- 5) Courses with more modules determine more effective and lasting learning;
- 6) EMC is effective in modifying the attitude of the doctor regarding strategic decisions, such as selection of tests for diagnoses and decisions about the best treatment.

Continuing Medical Education in AMB

The Associação Médica Brasileira (Brazilian Medical Association) in partnership with the Secretaria do Estado da Saúde do Estado de São Paulo (Secretary of Health of São Paulo State) and the Conselho Federal de Medicina (Federal Council of Medicine) developed, since 2006, the Programa Nacional de Educação Médica Continuada (National Program for Continuing Medical Education), providing to all doctors in the country, through a free and dynamic way, access to scientific quality content in all medical areas in action.

This initiative was the hallmark of the approach of AMB to the trends of Continuing Medical Education in other countries, aiming to democratize the knowledge and benefit the health care to the Brazilian population. Since its beginning, EMC has been drawn in different formats in view of the objective of reaching the largest possible number of doctors in the country, as well as allowing its diffusion in other Portuguese-speaking countries. The presence and distance classes allow the issuing of credits to the participating doctors, so that their titles of specialist are always certified as updated for free.

Through the new technologies of information and transmission of data, the EMC program has capacity to facilitate the sharing of professional experiences between doctors from different locations. After traveling to the distance classes, doctors are evaluated by multiple-choice questionnaires and have their improvement automatically checked. The results of these assessments allow us to map formation and information deficiencies and guide us in suggesting proposals to equalize any eventual curriculum and/or pedagogical/educational gaps.

Partnerships with companies with extensive experience in the field of medical education have favored the friendly use of technology, allowing the utilization of the EMC program even by doctors who have extensive experience with electronic media.

The target audience of AMB/EMC is the total universe of active doctors in Brazil, representing approximately 350,000 professionals with real assurance of access to updating scientific knowledge.

Among our objectives for the near future are the expansion of the program in Brazil and its availability to doctors of other Portuguese-speaking countries.

Organization and structure of programs developed by AMB

- 1) Education at distance
 - a) printed papers by mail - folders, text books, journals and newsletters;
 - b) digital by mail (CDs, DVDs) – orientation classes and programs directed to specific themes;
 - c) Education in Internet (synchronous and asynchronous modes) – development of classes formation (for example, medical statistics) and of updating (eg, program guidelines). In each class are available the preliminary assessment and the final evaluation. Professionals who get right 70% of the questions accumulate credit of 0.5 point for the Certificate of Professional Updating already validated by the Comissão Nacional de Acreditação (National Commission of Accreditation) - (CNA), in accordance with the resolution 1.772/05 AMB/CFM. After conclusion of each class, the doctor will have his credit computed by CNA;
- 2) Classroom courses – developed in partnership with the Specialties Societies, the Government and groups of doctors specialized in certain areas (eg, emergencies, family health), they allow

contact with the doctors authors of the chapters, who act as instructors of the practical course, addressing and discussing questions of doctor's day by day;

- 3) Publications - publishing of magazines and books on specific themes. Example: the Revista da Associação Médica Brasileira (Brazilian Medical Association Journal) (RAMB), books on Projeto Diretrizes (Project Guidelines).

Development Plan of courses in activity

- a) Distant-learning course
Pre-requisites:
 1. The program is available at electronic platform, which allows access and availability within national and international ambit;
 2. The program should allow access to all medical specialties;
 3. The program does not bring cost to doctors;
 4. The program generates credits for certification of professional updating;
 5. The classes at distance allow friendly and intuitive navigation;
 6. The available tools allow the exchange of experience and information among doctors, students and teachers.

Stages and preparation of the program:

Step 1: Doctors are invited to participate of the education program on the Internet by letter, e-mail, printed leaflets, among other means of communication of AMB and its partnerships.

Step 2: The doctor signs up and creates his "User name and password" which will be needed to join the education program.

Step 3: The doctor begins the course at any time and from any place, preventing unnecessary displacement, loss of earnings and also uses the most appropriate solution at the time for learning.

Step 4: The doctor, at the end of each class, realizes a proof of performance evaluation.

Step 5: At the end of the "academic year of the program," the doctors will receive a certificate of conclusion, which should be recognized by the specialty entity.

b) Textbook - the books are intended to convey in depth and thorough the content of the distance classes and

to serve as support and reference to courses.

c) Courses attendance - can be given anywhere in the country where they are requested. Instructors can be trained to replicate the lessons in regions lacking in resources. They are developed within specific programs, such as updating in medical emergencies and family health.

We conclude that the objective of EMC is to provide doctors with educational activities to help them develop the skills they need to offer the best possible Medicine for their patients and improve the level of population health.

Internet and the new technologies allow "To take" EMC where and when it is needed and ordered, facilitating access to the content and reducing operational costs of the educational process.

Since 2010, in partnership with the Order of Doctors of Cabo Verde (Africa), the Course Continuing Medical Education is offered free of charge to doctors enrolled in the entity.

Comissão Nacional de
Honorários Médicos
(National Commission for
Medical Fees) – CNHM
Classificação Brasileira
Hierarquizada de Procedimentos
Médicos (Brazilian Hierarchical
Classification of Medical
Procedures) – CBHPM

The medical work has undergone major transformation from the second half of the last century. Until then, the activity was developed in private practice, as a professional, or next to various public agencies as a pro-

fessional employee, according to the law in labor force. In the 50's, with the appearance of health plans, emerged a new form of working in Medicine: the accredited doctor, attending in his office, with fees paid direc-



First Table of Medical Fees of AMB – August/1967

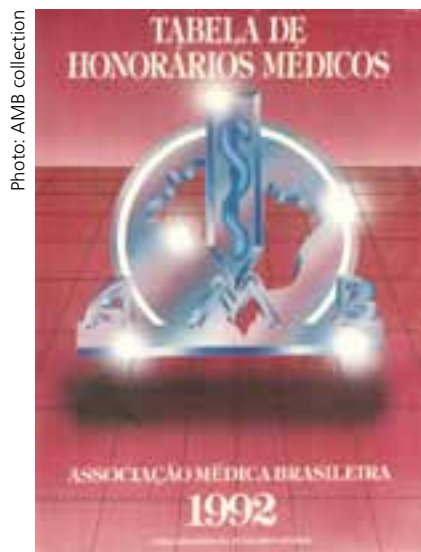


Table of Medical Fees of AMB – THM 1992

tly by the health plan operators. The doctor-patient relationship passed to rely on an intermediary, generating conflicts both ethical and economic-financial.

With the increasing number of users (today 50 million), health plans became an important pole of medical work. Meanwhile, the public health services were shrinking, either by political decisions by successive governments or by insufficient financing of the public health system; the truth is that today, millions of Brazilians that depend only and exclusively from SUS have great difficulty accessing health services and the doctor faces enormous difficulties in exercising his professional activity within this system. Another relevant fact in recent years was the opening of a large number of faculties of Medicine. Since then, there was a great increase in the number of doctors in activity, thereby increasing competitiveness and labor supply, causing serious imbalance in the health system.

In summary, the changes in the last decades, involving changes in health, social, economic and vocational training policies turned decisively the medical activity, requiring actions of the representative organizations, in the sense of organizing the medical profession in order to guarantee the practice of the profession within the ethical, technical and scientific principles that characterize it. Given this reality, the Comissão de Honorários Médicos da AMB (Commission for Medical Fees of AMB)

has gradually structured itself to meet that need, developing a set of actions and strategies in support of the doctor and the quality of health services offered to the population, both through the Single Health System and by private initiative.

These actions were quite diversified. In the Legislative area stands out the approval of law 9656, 1999, which regulated the health plans. This was a major advance in the area of supplementary health, because it reduced conflicts between patients and companies, defined the development of a minimum list of coverage; defined rules for the readjustment of monthly payments and prevented the offer of plans with restrictions in more expensive procedures. Unfortunately, the relationship between doctors and companies was not properly addressed by law, and this has generated numerous conflicts about adjustments of fees and rules for contracting. The medical entities had important participation in the process of drawing up this law, as well as other projects that pass in the Legislative, such as the regulation of the medical act and against the indiscriminate opening of medical schools.

Regarding the SUS, it should be noted the engagement of the medical class for the approval of Constitutional Amendment 29, which regulates its funding. Despite the great advances in recent years, we know that the quality of care is far from being optimal, aggravated by the great difficulty of access

Photo: AMB collection



Lista de Procedimentos Médicos (List of Medical Procedures) 1999 that substituted previous tables

to the system by patients. The resources for the sector are insufficient and it is absolutely necessary that its funding be properly regulated, determining investment rules for the Union, States and Municipalities.

Another important action of the Associação Médica Brasileira (Brazilian Medical Association), in partnership with the Conselho Federal de Medicina (Federal Council of Medicine), the Federação Nacional dos Médicos (National Federation of Doctors) and the Confederação Médica Brasileira (Brazilian Medical Confederation), was the elaboration of the Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medi-



Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures) - CBHPM - AMB/CFM/CMB/FENAM – 1st Edition (2003)



Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures) - CBHPM - AMB/CFM/FENAM - 2010 Edition

cal Procedures) - (CBHPM). This decision was taken in March 2000, during the strategic planning of AMB that took place in São Paulo, and its launch was in 2003, in Espírito Santo. At the time, companies had created their own tables, which did not incorporate the new procedures, and had failed to adjust the medical fees, generating a strong economic imbalance in the system, which is still the main problem faced by doctors in the supplementary health system.

Its objectives were: to be technically correct, equitable, giving priority to the medical act with the seal of AMB and CFM and have the possibility to be introduced throughout the national territory. It received the participation of Specialties Societies, with the advice of the economic institution FIPE. It was now important to standardize procedures for: preservation of the quality of care, standardization of codes and nomenclatures, protection against the inclusion of procedures without technical and scientific support, as well as exclusion of those in disuse. It was tried, with it, to protect consumers and at the same time create conditions for good relationship with Health Plan Operators, enabling medical care with the ANS. It should be noted that, historically, the first Medical Table was created in DNPS (National Department of Social Welfare), in 1962, with the advice of APM, in which a US (service unit) corresponded to one hundredth of the average minimum wage in State capitals: 1 consultation = 6 US.

A Methodology Commission was settled with representatives of AMB, CFM and 13 voluntary Specialties Societies (not representing the interests of the Specialty). To elaborate CBHPM, FIPE created with the Commission the attributes to evaluate separately each medical act for Hierarchical organization: Time, Complexity, Cognition and Risk.

Was performed a Simulated Test method with three specialties: Nephrology (representing Clinics), Gynecology-Obstetrics (Surgery) and Radiology (SADT). After the test and correction of eventual distortions, CBHPM was elaborated, with the score given to each procedure in the specialty (vertical hierarchy) grouped into sizes. The next job, lasting more than one year, was to discuss exhaustively the horizontal hierarchy (between Specialties).

After completion of the work, began the fight for its implementation. A National Commission for Implementation of CBHPM was created, which set out strategies to achieve this objective: acting with the Legislative and negotiating with health plans. A draft law was elaborated and presented as matter of urgency by Deputy Inocência de Oliveira, and it determined that CBHPM would be the reference to be used in the supplementary health system. This project was modified and approved in the Chamber of Deputies and is being processed currently in the Federal Senate. With the changes, this project now establishes that CBHPM is the reference for ANS to develop

its list of procedures, which coverage is required by health plans, recommending also annual adjustments to the doctors.

As a result of the negotiations, several companies adopted CBHPM as reference of medical procedures. In 2003, the medical entities organized a powerful movement demanding its implementation by Health Insurance companies. At that time there was an important support of the Society, which understood the reality of the relationship between doctors and companies, besides understanding that CBHPM would be a valuable tool on their behalf, as its use would indicate transparency and respect of the companies to their associates.

Recently ANS decided to implant the Electronic Transfer System in Supplementary Health (TISS), aiming at uniformity and standardization of information, enabling the development of prevention actions and health planning. To do so, it was necessary to choose a reference to the nomenclature and codification of medical procedures. After analysis of the tables used in the system, ANS decided through normative instructions 30 and 34, to define AMB responsible for the nomenclature and codification of the medical procedures in supplementary health. Thus, AMB started to occupy a prominent position in the health insurance, recovering for medical class the domain of reference of its professional activity.

Comissão de Assuntos Políticos (Political Affairs Commission) - CAP

The Comissão de Assuntos Políticos (Political Affairs Commission) - CAP, created in 2003, initially named Comissão de Assuntos Parlamentares (Parliamentary Affairs Commission), works intensively in the National Congress in the treatment of political interests that invol-

ve the medical class in all Executive, Legislative and Judicial areas. It aims to screen the new bills of health area passing in the Federal Chamber and Senate, issuing opinions produced frequently together with the Specialties Societies and Commissions.

Also, it works directly with the relater of these projects, showing and justifying the opinion.

The Associação Médica Brasileira (Brazilian Medical Association) has always worked closely with the governmental organs. Given the intensification of actions with the governmental agencies in Brasilia, was created a political office of the Associação Médica Brasileira (Brazilian Medical Association), which was the place of meetings with many legislators. The office worked from 2001 to 2007. The political contacts established during this period established the foundation for the decision that the AMB took to participate, conjoined with the CFM of the, at that time, Comissão de Assuntos Parlamentares (Parliamentary Affairs Commission). Subsequently, FENAM joined the group. With



Agenda Parlamentar da Saúde Responsável (Parliamentary Agenda of Responsible Health), published in 2006

the move of the Medical Association of Brasilia to its new headquarters, AMB was awarded with its own space, where the meetings began to be performed.

The CAP, therefore, is constituted by representatives of Associação Médica Brasileira (Brazilian Medical Association), Conselho Federal de Medicina (Federal Council of Medicine) and Federação Nacional dos Médicos (National Federation of Doctors) (FENAM). The integrated work of the entities has approached the medical movement to political leaderships in the Country, opening important spaces for the search of new propositions that come to help Brazilians welfare, either in public, private or supplementary health.

The commission meets monthly, or as many times as necessary, with the objective of defining the positioning of the medical movement about the convenience to approve or not, with or without reservations, the content of the Draft Law (PL), the Proposals of Constitutional Amendment (PEC), laws being processed in the various committees of the Federal Senate and Chamber of Deputies. It also participates in the Public Audiences in the National Congress, of the decisions involving Medicine with the Parliamentary Front for Health, in the commissions constituted, mainly in the Ministries of Health and Education, or in the various institutions, if there is medical interest to do this. The dynamics of CAP consists, at first, in the analysis of projects being processed, chosen by the parliamentary advisor. Then the commission issues its opinion and, if necessary,



Agenda Parlamentar da Saúde Responsável (Parliamentary Agenda of Responsible Health), published in 2011

sends the subject to the involved Specialty Society of AMB or to a professional technician with "notorious knowledge", or even to the legal department of the entities for analysis and opinion.

Once consolidated the opinion, an audience is marked with the author and/or the reporter of the project for discussion and positioning of the medical movement, offering technical information and content enrichment to what may become law. The opinions, discussed and prioritized of the Bills, comprise the Agenda Parlamentar da Saúde Responsável (Parliamentary Agenda of Responsible Health), are classified in accordance with the position of medical movement as favorable, favorable with reservations or contrary.

Photo: Márcio Arruda



Composition of the Comissão de Assuntos Políticos (Political Affairs Commission) (left to right)

Márcio Costa Bichara (Fenam); Luc Louis Maurice Weckx (AMB) (in memoriam); Jurandir Marcondes Ribas Filho (AMB); Alceu José Peixoto Pimentel (CFM); Waldir Cardoso (Fenam); José Luiz Dantas Mestrinho (AMB); Wirlande Santos da Luz (CFM); Napoleão Puente Salles (Parliamentary Consultant AMB/CFM/Fenam); Dalvélio de Paiva Madruga (CFM); Lázaro de Miranda (AMB); Luiz Carlos Beyruth Borges (CFM); Jeancarlo Fernandes Cavalcante (CFM)

The work of the group is released through the Agenda Parlamentar da Saúde Responsável (Parliamentary Agenda of Responsible Health). In it are listed projects of law of direct interest to medicine and patients, with their respective opinions produced by representatives of the medical entities in the Commission. The agenda indicates the location of the project, who are its author and reporter and is accompanied with an explanatory comment justifying our position. The material is distributed to Medical Entities, Regional Councils of Medicine, Specialty Societies, AMB Federates and Regional, FENAM and all parliamentarians, Doctors Unions and medical leaderships. It is also available online on the websites of the three medical entities.

The action of CAP consolidates itself and strengthens the union of the medical class at the moment when it participates in the discussions and decisions of the National Policy of Health, contributing with and making public the thought and opinion of Brazilian doctors.

And as a perspective, it will be, certainly, a collector element of the medical class longings, as long as it receives suggestions for the Bills in our area, identifying parliamentarians with better conditions to present or report them.

It is in this line of reasoning that we expect the example of CAP may be shared with the state agencies as a way to spread our experience to a national range.

Comissão Nacional de Acreditação (National Accreditation Commission) - CNA



The introduction of the Title of Specialist of AMB, as well as the beginning of records of specialties promoted by CFM, was accompanied by the mandatory renewal of them. However, this has not been maintained, as some physicians, and even medical entities, understood that the documents were definitive and its revocation would not fit, as well as the recertification of professionals.

As time went by, it was discovered that the maintenance of the competence and updating were not problematic in the past because the relevant knowledge grew slowly. It happened that, with the investments made in basic and applied research and the great technological advances occurred in the 1980s and 1990s, some areas presented a huge scientific growth. In 20 years, the evolution of scientific production in Medicine grew 7.6 times. In the same period, patients became increasingly better informed and the press and Internet made available a large amount of information about drugs, procedures, symptoms and diseases, forcing doctors to a higher detailing of their decisions and conduct.

This situation clearly showed that without an active education program, no doctor could stay updated for more than a few years after its graduation. Even with the consensus of the need for study and constant improvement, this is not a simple process since it involves, among other things, availability of time and financial investment. Most doctors have little time to study, due to their arduous work day, which many times include shifts and employment links in several hospitals. In addition, after graduation, updating is obtained particularly through the participation in courses, symposia and conferences, which have high costs because they involve not only the payment of registrations but also the costs of accommodation and maintenance in centers distant from their residences.

The revalidation of the Title of Specialist was proposed with the main objective of ensuring society that the doctor keeps updated - and at sufficient level - the knowledge and training previously acquired. In addition, AMB sought to improve medical practice, promoting training, updating and guidance. Ultimately, recertification would be used to detect inadequate performances and to

give credibility to specialists with the society. Thus, the renewing of the Title of Specialist is a dynamic process that evaluates the performance of the professional updating knowledge, activity in the specialty and the physician-patient relationship.

In several countries, recertification is linked to an accreditation system of continuing medical education programs. These have world recognition as efficient for the professional updating, keeping his scientific skills. The specialist who has his Title of Specialist revalidated is more valued by his patients and in the work market, as he may prove his continuous improvement with the evolution of Medicine. Moreover, in some countries, incentives have been given to professional development, with adoption of career and salaries plans. In some, for example, the incentive is provided under financial form, with salary repercussions for professionals that submit themselves to the recertification process; in contrast, in others, doctors who do not recertify themselves are "punished" with a reduction of their fees. Members of European community, for example, press professionals to participate in the process through mecha-

nisms that make mandatory the recertification for the establishment of contracts with insurers and hospitals. Another form of incentive to recertification - adopted by some countries - is the publication of lists of doctors that met the requirements of the local programs, which are available for the population.

Prior to 2004, in Brazil, the process of Revalidation of the Title of Specialist was already being done by some specialty societies, however, they were neither united nor standardized and did not presented uniform assessment criteria.

Within this context, the Associação Médica Brasileira (Brazilian Medical Association), in partnership with the Specialty Societies, proposed the establishment of norms for the revalidation of the Title of Specialist and of the Certificates of Performance Area. At the time, some topics were discussed on the revalidation of the title: a) definition of titles to be revalidated, b) obligatory adhesion of Specialty Societies to the process, c) system to be used for accumulation of credits and time limit for such, d) validity of titles previously obtained.

This initiative culminated in the resolution 1772/05 of the Conselho Federal de

Medicina (Federal Council of Medicine) - CFM - which has standardized and established guidelines and criteria for the recertification process, instituting the Certificado de Atualização Profissional (Certificate of Professional Updating).

The Comissão Nacional de Acreditação (National Accreditation Commission) currently consists of one member of the Brazilian Medical Association Board, one of the Conselho Federal de Medicina (Federal Council of Medicine) Board and two delegates from each entity, with the Commission being permanent and the one that determines the general rules, norms and regulations of the certification process. This commission is responsible for: determining the proportionality of events and activities that will add credits; evaluate and authorize courses and events submitted for certification; issue an opinion to the Commission organizer of the event in case of disapproval, justifying the decision or suggesting modifications; check if the courses and events involved in the process meet the proposed programs; control the certification of the candidate with the Specialty Society; clarify eventual doubts about the process.

The system is based on revalidation credits totaling 100, which must be accumulated within five years. If those 100 credits are not accumulated there will be the option of a test for obtaining the Certificado de Atualização Profissional (Certificate of Professional Updating). Credits may be obtained from the attendance to national congresses, regional and state workshops or programs of continuing education, scientific publications and academic titles, among others. It is important to have an effective, efficient and defensible process of revalidation, which is not complex and is the least onerous for the doctor. Aiming the democratization of the process, it is important that credits can be obtained in events held in the State or in the geogra-

phical region of the physician's domicile, without large displacements. And also, that they can be obtained by distance education, including the use of the Internet and TV channel for the monitoring of courses within home or office.

AMB and its Federates have supported and participated actively in these initiatives, through their boards. It is also clear that the role of the Specialty Societies is fundamental to the success of this process, making it effective, transparent and, above all, accessible to every medical community. This process will surely suffer adjustments over the years, being progressively refined and adapted to the reality of our Country, but recertification seems to be one irreversible trend, representing the expression of responsibility and respect of doctors to their patients.

Projeto Diretrizes (Project Guidelines) - AMB/CFM

Evidence-Based Clinical Guidelines are structured recommendations, submitted to periodic updating at the light of available scientific evidences, in order to produce better quality actions. Guidelines are the best care given to individual patient and the community, aiming to improve clinical practice, given the concepts of sustainable equity. Guidelines may be considered a way that helps to separate unnecessary from necessary practices, and they should not be considered as a form of restriction on freedom of conduct, but as a chance to guide practice, in a health system characterized by rationalization and rationing.

In Brazil, the process of developing national clinical guidelines based in evidence was triggered by the Associação Médica Brasileira (Brazilian Medical Association) and the Conselho Federal de

Medicina (Federal Council of Medicine), through the Projeto Diretrizes (Project Guidelines). This project was started at a meeting held in December 1999, in Brasília, gathering the whole Board of the Associação Médica Brasileira (Brazilian Medical Association) and members of



Photo: AMB collection

Cover of *Projeto Diretrizes (Project Guidelines)* book - AMB/CFM - Volume I – published in 2001

the Conselho Federal de Medicina (Federal Council of Medicine), when there was unanimous accord in favor of a partnership between the two entities, outlining a policy of conjoint action.

The first technicians of the project were defined by a medical committee specifically formed in the second semester of 2000, which defined a set of recommendations to the Specialty Societies, regarding the methodology of the preparation, in the I Meeting of Standardization of "Project Guidelines", in December 8, 2000.

After one year of conjoint work with 24 Specialty Societies, the first 40 guidelines were launched in Manaus, in October 2001, when were already in progress 20 others.

In 2002, part of the Technical Committee had the opportunity to participate in a course in the Center of Evidence-Based Medicine at the University of Oxford, which has strongly influenced the trajectory of the methodology used for elaboration of guidelines in the Project, especially in training and relationship with the organizers. The elaboration process was

continuously developed, step by step, through the Workshops involving the Specialty Societies for about five years. Until 2006, were performed about thirty workshops, with an average of fifteen participants per workshop. AMB had the opportunity to participate in the 2nd International Conference of Evidence-Based Health Care Teachers & Developers in Palermo - Italy, in 2003: critical appraisal of 28 guidelines developed by Brazilian Medical Association, what contributed much for the ripening of the Project. The direct result of these initiatives was the elaboration of 280 Guidelines until 2008, with increasing refinement and quality. The participation was heterogeneous: five Societies were responsible for the elaboration of one hundred and forty-six Guidelines, and ten others were involved in drafting one hundred and twenty new Guidelines. We know the central pillar of the AMB Project is the fact that the drafters are doctors indicated by the Specialty Societies (nowadays thousands), who voluntarily participate in the process after training in the concepts of developing Evidence-Based Clinical Guidelines, and may then develop guidelines of quality.

Regarding updating, a systematic process of all the elaborated material was triggered with the goal of updating every two years. At this stage of the project, AMB/CFM already participated in two international organizations: as founders and members of the organizing committee of the Ibero-American Network (GPC) and the Guidelines International Network (GIN).

Besides the challenge of progressive improvement in quality, other goals and needs appeared, such as the updating and construction of the dissemination and implementation process. Attending then the possibility of the widespread use of the Sistema de Saúde Nacional das Diretrizes do Projeto (Guidelines Project in the National Health System), in 2009 was signed a covenant with the Agência Nacional de saúde Suplementar (National Agency of Supplementary Health) - ANS, with a proposal for elaboration and initial implementation of 80 guidelines.

As previously described, attending partly this methodology, was possible to



Photo: AMB collection

Cover of *Projeto Diretrizes (Project Guidelines)* book - AMB/CFM - Volume VIII published in 2010

produce 280 Guidelines until 2008, already made public through AMB site and seven books, with increasing and homogeneous involvement of the Specialty Societies. However, only in 2009, with this methodology, were elaborated around 180 Guidelines, with more than 100 themes in progress. Also, as a kind of implementation, Workshops have been held in Congresses and in different regions of the Country, and a project



First Diretrizes Clínicas na Saúde Suplementar (Clinical Guidelines on Supplementary Health AMB / ANS) - Volume I published in 2011

with ANS and health operators, including Workshops, will assess next year the use of AMB Guidelines segments, using indicators, in some health services in the Country. Projeto Diretrizes (Project Guidelines) AMB represents a genuinely national initiative, developed and sustained by Brazilian medical community. The learning of all has been fundamental in changing paradigms and concepts, especially at light of the Evidence-Based Clinical Practice principles.

Medical Schools

With the arrival of the Royal Family in Brazil in 1808, changes of social, cultural and technological character arose from the displacement of the Portuguese court to the city of Salvador, Bahia. Science and arts hitherto little explored began to gain space; resources were invested, so that great names of European science were brought to Brazil, initiating the structural development of Brazilian society.

Prince Regent Dom João VI, at request of the Baron of Goyana, José Correia Picanço, Pernambucan, Royal House surgeon, retired professor of the Faculdade de Medicina da Universidade de Coimbra (Faculty of Medicine, Coimbra University) (Portugal), founded in the city of Salvador, by royal decision of February 18, 1808, the Escola de Cirurgia da Bahia (School of Surgery of Bahia), based at the Hospital Real Militar da Bahia (Bahia Military Royal Hospital), in Salvador, located in the old building of the Jesuit College at Largo Terreiro de Jesus.

After another move of the Royal Family to Rio de Janeiro, Dom João VI created the second medical school in Brazil, the Escola

Anatômica, Cirúrgica e Médica do Rio de Janeiro (School of Anatomy, Surgery and Medicine of Rio de Janeiro), through decree of November 5, 1808, which also worked in the Hospital Real Militar (Military Royal Hospital), a majestic and historic building. The need to implement minimal infrastructure conditions for a number of people who arrived with the court and the urgency of developing medicines and treatments for tropical diseases, yet unknown, led to the deployment of that medical school.



Available in: www.wikipedia.org

José Correia Picanço delivers D. João VI the Letter requesting the creation of the Escola de Cirurgia da Bahia (School of Surgery of Bahia)

In the nineteenth century is established the French influence in the teaching of Medicine in Brazil, whereas, in previous centuries, prevailed and ruled the Iberian Medicine.

The Brazilian scientific medicine began with the Escola Tropicalista Baiana (Bahia Tropical School), formed by a group of doctors established in Bahia, who were devoted to the practice of a medical research focused on

Photo: Bahia Faculty of Medicine, Federal University of Bahia



Faculdade de Medicina da Bahia, da Universidade Federal da Bahia (Bahia Faculty of Medicine, Federal University of Bahia), portrayed by the painter Henrique Passos (2007), according to reports of the Nineteenth Century

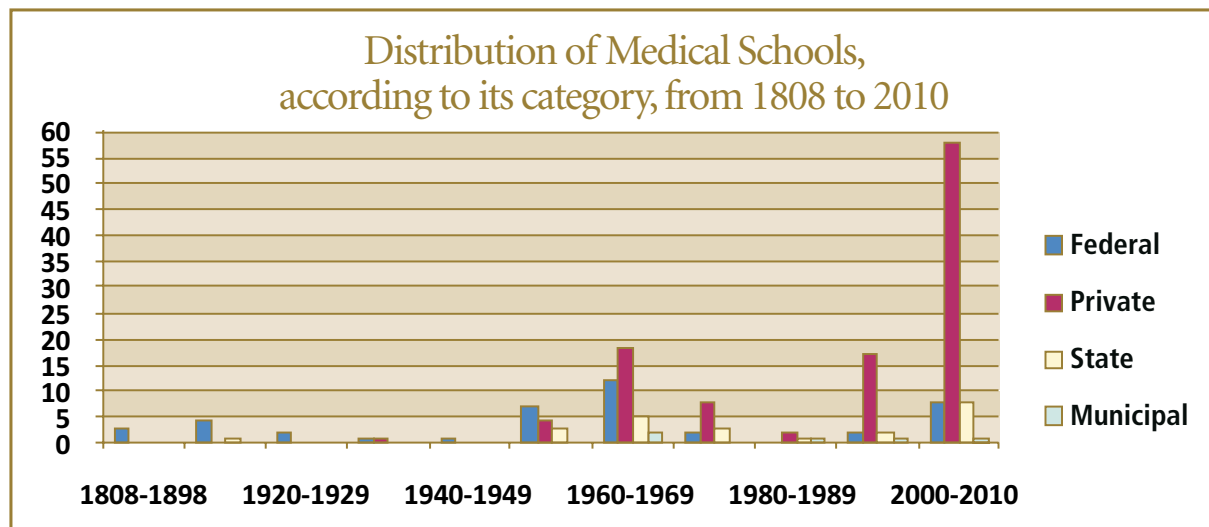
the tropical diseases of that time, and had its mark with the publication of the first number of the *Gazeta Médica da Bahia* (Medical Gazette of Bahia) in 1866.

The Brazilian scientific age, so to say, since its precursors were not Brazilian born, arises in the beginning of the twentieth century with Oswaldo Gonçalves Cruz and the Instituto Soroterápico Nacional (National Institute of Sorotherapy) in Manguinhos district, Rio de Janeiro, later transformed in Instituto Oswaldo Cruz (Oswaldo Cruz Institute). From this point, doctors begin to be graduated in Brazil, for Brazilians, and new medical schools arise.

In the period from 1808 to 1898, three medical schools were founded in Salvador, Rio



Photo: Bahia Faculty of Medicine, Federal University of Bahia collection



de Janeiro and Porto Alegre. Thereafter, in the period from 1911 to 1948, 10 schools were created, in the 50's plus 14 and in the 60's plus 37, with 10 new schools emerging only in the year 1968. And the number of schools continued to multiply; in the 70's were created 13 schools, in the 80's, four more, and in the 90's, 22 new schools. In the period from

2000 to 2009, 75 schools were founded; 58 of them, created after 2000, are awaiting recognition by MEC (Source INEP), totaling 180 schools so far (www.escolasmedicas.com.br, accessed on April 10, 2011).

In 1956, the Associação Médica Brasileira (Brazilian Medical Association) - AMB led to President Juscelino Kubitschek, a document

Number of Medical Schools, according to its category, from 1808 to 2010

	1808 - 1898	1911 - 1919	1920 - 1929	1930 - 1939	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989	1990 - 1999	2000 - 2010
Federal	3	4	2	1	1	7	12	2	-	2	13
Private	-	-	-	-	-	4	19	8	2	16	52
State	-	2	-	-	-	3	5	3	1	2	10
Municipal	-	-	-	-	-	-	2	-	1	1	2
Total	3	6	2	1	1	14	38	13	4	21	77

Total of Medical Schools acting in Brazil

Total of Medical Schools acting in Brazil	180
Total of places offered for the first year	15.671
	Number of schools
	%
Federal	101
Private	47
State	26
Municipal	6
Total	180
	100

Source: www.escolasmedicas.com.br, access in April 10, 2011

Distribution of Medical Schools acting in Brazil

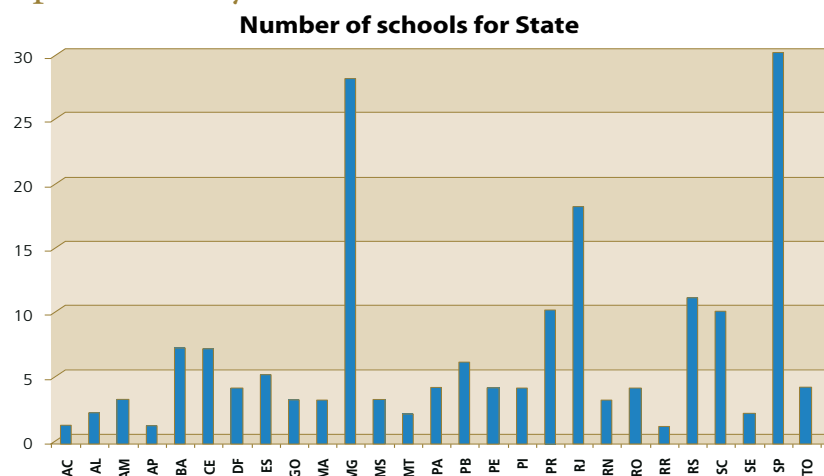


Comparative study of rate category of Medical Schools

Year	Federal	State	Municipal	Private	Total
2000	2	2	0	1	5
2001	0	2	0	5	7
2002	2	4	1	5	12
2003	1	0	0	6	7
2004	0	1	0	9	10
2005	1	0	1	9	11
2006	1	0	0	6	7
2007	3	0	0	8	11
2008	1	1	0	2	4
2009	0	0	0	1	1
2010	2	0	0	0	2
Total	13	10	2	52	77
%	17%	13%	2.50%	67.5%	100%

Source: www.escolasmedicas.com.br April/11

Comparative study of the number of Medical Schools for State



Source: www.escolasmedicas.com.br; access in April 10, 2011

entitled *Problemática do Ensino Médico no Brasil* (Problematic of Medical Education in Brazil), which resulted in the temporary suspension of new Medical Schools creation. In other periods, between 1971 and 1976, and again from 1979 to 1987, there was a new temporary suspension in the creation of these institutions. As we can see, this is an old discussion, until today not satisfactorily resolved.

We are 182 million inhabitants in Brazil and 180 Medical Schools are registered in the Ministry of Education. Countries like India and China, with over one billion people, have, respectively, 272 and 150 Medical Schools. Of the total 180 schools in Brazil, 47 are federal, 26 State, 7 municipal and 100 private. From 2000, the proliferation of new schools

represents almost 50% of the already existing ones. That proliferation did not represent commitment with quality of teaching, research and assistance, much less reflects an appropriate educational policy in the Country. There arises a mercantilism of Medical Education, which partly derives from the diploma culture in the country and the lack of commitment with the quality and the inherent ethical principles that the medical profession demands. Recent data released by the Ministry of Education, show some disturbing conclusions, for example, 735,000 students from various areas, including the medical one, are in disapproved universities, according to MEC own criteria.

Another serious problem to be discussed is that the number of vacancies for graduation

Chronology of Federal Universities created before the foundation of the Associação Médica Brasileira (Brazilian Medical Association) – January 26 1951

Federal Universities	Creation Date
Universidade Federal da Bahia (Federal University of Bahia)	18/02/1808
Universidade Federal do Rio de Janeiro (Federal University of Rio de Janeiro)	5/11/1808
Universidade Federal do Rio Grande do Sul (Federal University of Rio Grande do Sul)	1/03/1898
Universidade Federal de Minas Gerais (Federal University of Minas Gerais)	5/03/1911
Universidade Federal do Paraná – Curitiba (Federal University of Paraná - Curitiba)	1/01/1912
Universidade Federal do Estado do Rio de Janeiro/RJ (Federal University of Rio de Janeiro State)	10/04/1912
Universidade Federal do Pará (Federal University of Pará)	3/01/1919
Universidade Federal de Pernambuco (Federal University of Pernambuco)	4/05/1920
Universidade Federal Fluminense – RJ (Fluminense Federal University)	1/01/1929
Universidade Federal de São Paulo (Federal University of São Paulo)	1/06/1933
Universidade Federal do Ceará (Federal University of Ceará)	15/04/1948
Universidade Federal de Alagoas (Federal University of Alagoas)	15/01/1951

Comparative study of the number of Medical Schools by State and number of vacancies

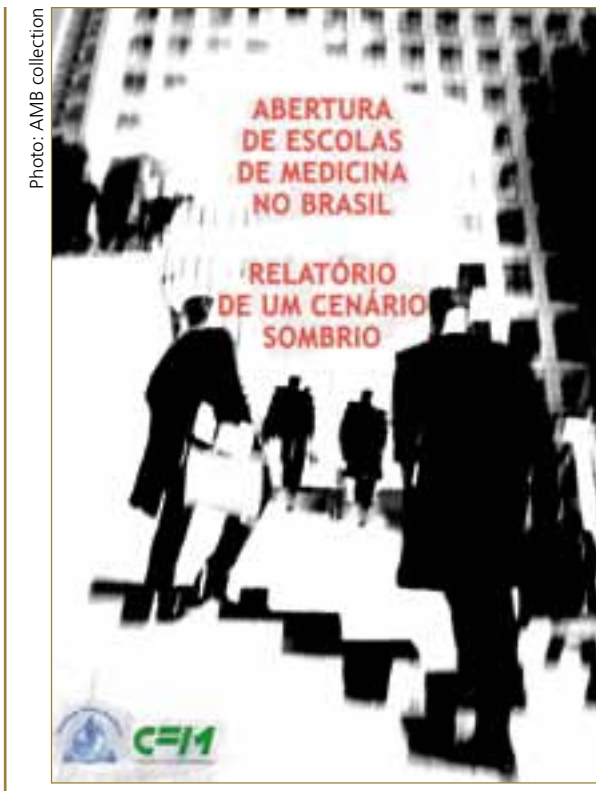
By Geographical Region		
State	Medical Schools	Vacancies 1 st Year
Center-West Region		
DF	4	266
GO	3	290
MS	3	190
MT	2	180
Center-West Region	12	926
Northeast Region		
AL	2	130
BA	7	603
CE	7	652
MA	3	181
PB	6	530
PE	4	490
PI	4	302
RN	3	236
SE	2	150
Northeast Region	38	3.274
North Region		
AC	1	40
AM	3	292
AP	1	30
PA	4	390
RO	4	170
RR	1	28
TO	4	340
North Region	18	1.290
Southeast Region		
ES	5	500
MG	28	2552
RJ	18	2102
SP	30	2581
Southeast Region	81	7.735
South Region		
PR	10	847
RS	11	922
SC	10	520
South Region	31	2.289
Total	180	15.514

does not match with the number of vacancies for medical residency. The Medicine graduation courses should form professionals with skills in the end of the course, and even so there is a need to form experts in general and specific areas.

What imports to society are competent, human, ethical, socially responsible doctors who meet the needs of the population and who are in sufficient number in all regions of the Country and in all Cities. Therefore, it is not interesting to society an insufficient or excessive quantity of doctors, but that they might practice a good medicine. The doctor should be able to treat health and disease, individual and collective, and make decisions on the various scenarios involving his work. Medical Schools should be strictly evaluated since their authorization and operation. The curricular guidelines that direct the formation of the doctor should be followed appropriately by society, through accreditation processes, and also by the MEC. We have found that several Medical Schools across the country have similar pedagogic projects, elaborated by medical professionals, seemingly to a "Production scale", which does not work in practice. The MEC complacency and political criteria eventually allow the opening of new courses in Medicine, in detriment of the required quality. In most cases falls short the egress profile, the general and specific skills, contents and organization of the medical course.

There are Medical Schools that do not have their own hospitals and so arose convened hospitals that very often are not suitable for teaching.

The approach of medical students to communities and the basic units of health has been another reality, important, of course, when integrated with the University, but used by the new Medical Schools to make up the lack of hospitals.



Cover of the book *Escolas Médicas (Medical School AMB/CFM)*, published in 2005

Chapter IV

COMMUNICATIONS

Bruno Caramelli

César Teixeira

Elias Fernando Miziara

Communications

Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association) – BAMB and Jornal da Associação Médica Brasileira (Brazilian Medical Association Magazine) – JAMB

The edition number one of the first communication vehicle of AMB, called Informative Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association) BAMB, was published in the Revista da Associação Paulista de Medicina (Journal of the Paulista Association of Medicine). The BAMB of October to December 1951 was the medi-

Photo: AMB collection



1st Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association) - BAMB – published in 1952



Last Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association) - BAMB No. 24, published in 1959



1st edition of JAMB – Jornal da Associação Médica Brasileira (Brazilian Medical Association Magazine), published in 1962

cal class official news media, covering information about the entity and those of interest to the category. From number 24, December 1959 issue, it began to be published weekly in the tabloid format until 1982, when its frequency became monthly. In November 1983 was performed a graphic reform and it started to be edited in standard model. In February 1993 began to be published in color and, six years later, a new reform returned it to the tabloid model. It was from 2006 that JAMB won the magazine format, published today.

During its trajectory, JAMB integrated the history of national medicine: doctors throughout the country began and ended their careers accompanying the activities of AMB through it. Many evident facts have been reported by the most important organ of communication of the entity. One of them occurred in December 2000: for the first time in the history of medicine, a joint publication of the journals of AMB and Conselho Federal de Medicina (Federal Council of Medicine) - JAMB/Medicine - arrived at the homes of more than 300,000 doctors, marking the unity and partnership between both entities, during the administrations of Eleuses Paiva (AMB) and Edson Andrade (CFM). The fact was repeated in the editions of August 2001, March 2002, May and November 2003 and July 2007.



Photo: AMB collection

Joint edition of JAMB/Medicine, published in 2000

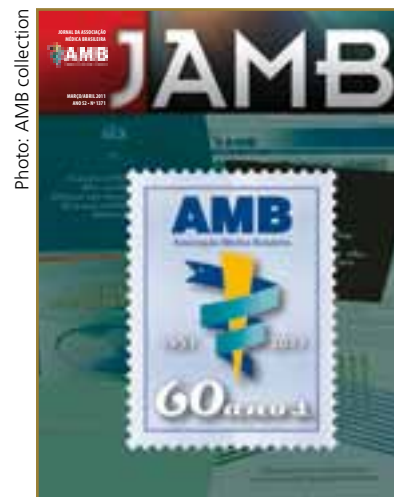


Photo: AMB collection

Edition of the Journal of the Brazilian Medical Association - JAMB, published in 2011

Revista da Associação Médica Brasileira (Brazilian Medical Association Journal) - RAMB

Only three years after the foundation of the Associação Médica Brasileira (Brazilian Medical Association), were necessary to build sufficient structure to launch its first scientific publication: the Revista da AMB (Journal of AMB), today RAMB. Its first issue was printed in March 1953, with a circulation of 14,000 copies. The publication had, as responsible publisher and editor, Dorival Macedo Cardoso and, as editor in chief, the parasitologist Clement Pereira. Its frequency was quarterly, being printed and distributed to all members in January, April, July and October.



1st Revista da Associação Médica Brasileira (Brazilian Medical Association Journal) - RAMB, published in 1954

Its first reformulation happened in 1968, when it began to use the off-set system, being published in colors.

Today, after more than 55 years, besides being one of the major medical journals in the Country and indexed to the main world databases, such as Lilacs, Medline, SciELO and getting ranked CAPES Qualis B3 (equivalent to international category), RAMB, since December 2007, joins the select group of ISI Thomson publications.

This means that RAMB, from this date, began to calculate its impact factor, variant developed from the number of times its articles are cited in other publications. ISI Thomson is an international institution that manages the most important database of indexed scientific journals in the world and is called Web of Science. This base is well known and used for research in the scientific and academic medium, because it contains 16,000 international magazines, from which ISI monitors annually more than 8,000, selecting those with the greatest impact. The inscription on the Web of Science, which includes three areas (Science Citation Index Expanded, Social

Citation Index and Arts & Humanities Citation Index), is a desire of all journals, not only for the certificate of quality, but also for the inclusion in one of the most important bibliometric index of knowledge: the ISI impact factor (Institute for Scientific Information).

With the publication of the first impact factor, RAMB is now seeking the international insertion. With the bilingual publication it is possible to reach a much larger number of readers and make public, for the rest of the world, the scientific information produced in Brazil. In this sense, the partnership with Elsevier, the largest publisher of scientific medical journals in the world, was a big step by RAMB, in early 2011. From the first number this year, the journal begins to join the group of journals from Elsevier and participate in Science Direct, the largest site of medical journals, subscribed by researchers and libraries around the world. With this, shall increase the scope of RAMB and, of course, the number of citations received by the journal, reaching its objective: internationalization and growth of the impact factor.



*Edition of the Revista da Associação Médica Brasileira
(Brazilian Medical Association Journal)*

O Médico & Você (The Doctor & You)

AMB launched, on November 2008, the quarterly magazine O Médico & Você (The Doctor & You). With the purpose of disseminating information of excellence on health for the community, and to strengthen the relationship between professionals of Medicine and patients, the publication has innovative graphic and editorial design. With this, the reader has access to a publication made with the participation of renowned doctors, influential in their specialties, who share the mission of the magazine to provide clear and efficient information about a wide range of Medicine subjects.



Photo: AMB collection

First edition of the magazine *O Médico & Você* (*The Doctor & You*), published in 2008

The publication has one of the most significant printings in the Country. Its copies are distributed to more than 300,000 doctors in activity in Brazil, who were instructed to make the magazine available to their patients, in the waiting room.

Thus, AMB has sought to strengthen the relationship of doctors with the population and increase the knowledge of citizens for the main problems affecting it, disseminating means of prevention.

In the pages of *O Médico & Você* (*The Doctor & You*), the readers find reports, articles and interviews on health issues, diseases and their causes, symptoms,

prevention and treatments. Other issues related to quality of life, emotional health, environment and daily life have also been addressed.

The magazine *O Médico & Você* (*The Doctor & You*) represents the greatest advance towards its mission of offering the Brazilian population a safe instrument of information, qualified, and a link with doctors. It contributes for the patients have additional data about their illnesses or prevention methods, which will guide the appropriated relationship between the professional and his patient.

AMB Webpage

AMB first appeared in Internet in June 1996, when it opened a homepage, created in collaboration with the Nucleus for Biomedical Informatics in Unicamp. The first site of AMB provided access to information about the entity, the addresses of the Specialty Regional/Federated Societies, and links to some specialties, which already had sites, such as Cardiology, Pneumology and Clinical Pathology. Were also available online the statutes of the entity, AMB history, a list of procedures, current

CBHPM and the International Classification of Diseases (CID), which could be found through a key-word. Gradually, were made available to the public copies of the Review and the Journal of the AMB. The address accessed for the first AMB site was www.nib.unicamp.br/amb. Over the years, the site was modernized and, through a partnership with Conectmed, began to provide also, besides a vast content concerning the entity, continuing medical education at distance, an existing tool to this day.

AMB News

AMB News, the electronic newsletter of the entity, had its first edition distributed in June 2007. Currently, accounts more than one hundred newsletters distributed to a mailing consisting of more than 50,000 e-mails of people and entities linked to health, including directors of AMB, Federates, Specialty Societies, Health Secretaries, deputies, senators, and others. The newsletter, distributed always on Fridays, presents, as a summary, the Board weekly activities, as well as designs the following Weeks actions.

Photo: AMB collection



AMB Webpage - August/2011



AMB Webpage – August/2011

Chapter V

INTERNATIONAL ACTUATION (PERFORMANCE)

José Luiz Gomes do Amaral

Miguel Roberto Jorge

Murillo Ronald Capella

Pedro Wey Barbosa de Oliveira

International Actuation

1. World Medical Association (WMA)



In September 17, 1947, doctors from 27 countries met in Paris, France, to carry out the foundation and the first Assembly of the World Medical Association (WMA). On that occasion, they defined their purpose: to ensure doctors independence and fight for the highest standards of ethical behavior in medical education, human rights

and patient care, in an environment of professional autonomy.

The General Assembly is held annually. The Council and the Permanent Committees, which are: Medical Ethics, Medical Social Affairs and Finance and Planning, meet twice a year. The Executive Committee has its meetings appointed according to demand.

The Associação Médica Brasileira (Brazilian Medical Association) - (AMB) joined the WMA in 1951, playing relevant role. Antonio Moniz de Aragão, orthopedist based on Florianópolis and President of AMB in the 1959-1961 administration, was elected President of the World Medical Association in the General Assembly held in Rio de Janeiro, in October 1961. Years later, in 1975, Pedro Kassab, President of AMB, was the second Brazilian sworn President of WMA.

The position of Director of International Relations (DIR) has emerged in the

administration of Antonio Celso Nassif (PR), in 1987. The first director was the endocrinologist Luiz Carlos Espindola (SC). Later assumed Luiz Eduardo Machado (BA), Paulo Roberto de A. Insfran (MS) and Isaias Levy (RS). With regular actions, AMB has always had intense activities with WMA, carrying the entity's name and work to the attention of medical leaders from the whole world. In this work, consolidated in the administrations of Eleuses Paiva (1999-2005) and José Luiz Gomes do Amaral (2005-2011), attended the Board of International Relations: David Cardoso (MS), Viriato Cunha (SC), Ronald Murillo Capella (SC) and Roberto Miguel Jorge (SP). All they had effective and highlighted participation in all meetings of the World Medical Association.

Elected in 2005 to chair AMB, the anesthesiologist José Luiz Gomes do Amaral, before his inauguration accompanied Eleuses Paiva to WMA General Assembly, in order to give continuation to the action of AMB. At the WMA Council meeting, held in May 2007 in Berlin, Germany, the president of AMB was unanimously elected to exercise the



Photo: AMB collection

Berlin, May 2007: José Luis Gomes do Amaral, left., elected president of the Commission of Medical Social Affairs, during a meeting of the WMA, and Murillo Ronald Capella.

function of President (Chair) of the WMA Committee of Medical Social Affairs, position to which he was reelected in May 2009, in Tel Aviv, Israel.

The complexity of international affairs led the Board of AMB to seek greater dynamism to the Department of International Relations, naming Dr. Pedro Wey Barbosa de Oliveira (SP) to take care, along with the President and the Director of International Relations of AMB, of the numerous demands involving both a consistent work of data collection and

the contact with doctors with different expertise, aiming the preparation of advise on specific topics.

José Luiz Gomes do Amaral was responsible for bringing to Brazil relevant discussions on clinical research, as the review of the Declaration of Helsinki, the use of placebo in medical research associated with treatment and the International Seminary on Medical Resilience. With the occurrence of the Conference Environment Doctors, in November 2009, he helped to disseminate the Declaration of Delhi on health and climate change.

Photo: WMA collection



WMA General Assembly in Vancouver, Canada (16/10/2010). From left to right: José Luiz Gomes do Amaral, Pedro Wey Barbosa de Oliveira, Miguel Roberto Jorge and Luc Weckx

On October 16, 2010, during the WMA General Assembly in Vancouver, Canada, the president of the Associação Médica Brasileira (Brazilian Medical Association), José Luiz Gomes do Amaral, was elected by acclamation President of the World Medical Association (WMA) for the period 2011 to 2012.

2. Declaration of Helsinki

After the world became aware of the atrocities committed in the name of science during the Second World War, which generated a crisis of conscience in the international scientific community several regulations have been prepared in order to protect human rights and be assured the integrity and dignity of people, including cases of participation in biomedical researches. Thus, among these documents, are pointed the Nuremberg Code (1947) and the Universal Declaration of Human Rights (1948), the United Nations General Assembly. Concerned with this situation, WHA, in the General Assembly held in Helsinki, Finland, in 1964, edited the Declaration of Helsinki (DoH), which is the most important international document regarding the ethical control over research on human subjects. However, to follow the technological advances and not become



Photo: AMB collection

São Paulo 2008 - Members participants of the Declaration of Helsinki revision, at the Paulista Association of Medicine headquarters.

vulnerable to external pressures of countries that do not agree with all its terms, WMA is promoting reviews and updating in the Declaration of Helsinki, approved on its General Assemblies. This occurred in 1975 (Tokyo, Japan) in 1983 (Venice, Italy) in 1989 (Hong Kong, China) in 1996 (Somerset West, South Africa) and 2000 (Edinburgh, Scotland). The last upgrade process began in May 2007, when WMA invited all national medical associations to identify items that needed to be reviewed and suggest the inclusion of new topics. AMB was represented and contributed with advises in various revisions of the Declaration of Helsinki. The most acting way occurred when, in the WMA Council meeting held in Berlin, in May 2007, was constituted a Working Group (WG) with representatives

from South Africa, Germany, Brazil, Japan and Sweden, in order to hear the opinion of the National Medical Associations, Associate Members and international organizations involved in research on human beings. The WMA Working Group met in Copenhagen, Helsinki, Divonnelês-Bain, Cairo, São Paulo and Seoul, where finally was approved the last revision of DoH by the WMA General Assembly. At meetings in Copenhagen and Helsinki, Dr. Gustavo Kesselring assisted the work of AMB. Prior to host the meeting of the Working Group in São Paulo, AMB performed in 19 and 20 August 2008, the Forum "Clinical Research: Review of the Declaration of Helsinki", to promote a discussion on ethics and research in Brazil and to discuss the main points that should be modified in the revision of DoH.

Photo: AMB collection



São Paulo, 2010 - A group of experts in placebo with leaders of national medical entities

Were discussed themes like the current situation of DoH, the use of placebo in situations where there is effective treatment, DoH and research in children and the access to treatment after research. The main participants for WMA were Chairman, Jon Snædal (Iceland), the President of the Ethics Committee, Eva Bågenholm (Sweden) and the Secretary-General, Otmar Kloiber (Germany). Participated in this forum about 400 doctors and professional from health area, with their suggestions being sent to WMA's GT, which met the next day in the headquarters of the Paulista Association of Medicine, with the presence of representatives of several national entities, and began to examine and discuss them,

incorporating many in its report to WMA's AG in Seoul.

One key point of DoH is the use of placebo in clinical trials. This theme has been widely discussed by WHA country members in last years. In February 2010, leading experts in this area and representatives of regulators agencies as the Food and Drug Administration (FDA), European Council, European Medicines Agency, European Commissions and others, were invited by WMA and AMB to discuss that issue in São Paulo. The main focus of this meeting was the revision of paragraph 32 of DoH, which specifically addresses the use of placebo in clinical research. The meeting was held in the Associação Paulista de Medicina (São Paulo Association of Medicine), for three

days, and was attended by more than 30 international and national guests.

3. Confederación Médica Latinoamericana y del Caribe (Latin-American and Caribbean Medical Confederation) - CONFEMEL



The Confederación Médica Latinoamericana y del Caribe (Latin-American and Caribbean Medical Confederation) - CONFEMEL - was founded in 1997, at Santa Cruz de la Sierra, Bolivia, during the Second Latin-American Congress of Colleges and Medical Associations of the continent, under the organization of the Medical College of Bolivia, and succeeding two prior entities founded earlier: the Pan-American Medical Association and the Pan-American

Medical Confederation. The first chairman of CONFEMEL was Vicent A. Gutierrez, from the Medical College of Bolivia. Since its creation, CONFEMEL has held its annual General Assemblies in several countries in the region: Chile (1998), Colombia (1999), Argentina (2000), Panama (2001), Peru (2001), Nicaragua (2002), Venezuela (2003), Uruguay (2003), Venezuela (2004), Costa Rica (2004), Chile (2005), Costa Rica (2006), Ecuador (2006), Brazil (2007), Honduras (2008), Argentina (2009) and Costa Rica (2010).

With the proposal to unify the efforts of all to protect the health and democratic values of Latin-American citizens in the daily practice, CONFEMEL currently has 17 countries as members and 26 medical associations. Brazil is represented by AMB, CFM, FENAM and CREMERS.

The participation of representatives of Brazilian associated institutions in CONFEMEL was more prominent from the year 2000, when AMB, CFM and FENAM began to regularly integrate commissions and to intervene in relevant matters of health and medicine. On November 2008, was held in Buenos Aires the XI Annual Ordinary Meeting of CONFEMEL, chaired by Brazilian Marco Antonio Becker (RS).

4. Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language) – CMLP



The Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language) - CMLP brings together doctors of Portuguese Language Countries, aiming to share experiences, mutual support in training, teaching, scientific research and clinical practice.

José Luiz Gomes do Amaral, according to his Portuguese origins, has always had interest for Medicine in Portugal. In 2005, Eleuses Paiva invited the, at the occasion, Chairman of the Ordem dos Médicos de Portugal (Order of Doctors of Portugal), José Rego Germano de Sousa, to speak to the directors of AMB. In the opportunity, the Chairman and Gomes do Amaral shared a dream cherished for a



Photo: AMB collection

Germano José Rego de Sousa, José Luiz Gomes do Amaral and Eleuses Paiva meeting at AMB headquarters

long time, to gather doctors of Portuguese language, in terms of the multiple cultural and linguistic convergences. Hence arose the idea of associating the medical organizations in the countries of Portuguese language. The Ordem dos Médicos de Angola (Order of Doctors of Angola), of Cabo Verde and the CFM were invited to join this initiative. In January 29, 2005, the Associação Médica Brasileira (Brazilian Medical Association), the Conselho Federal de Medicina (Federal Council of Medicine) and the Orders signed a cooperation protocol between the medical national entities of Angola, Brazil, Cabo

Verde, Mozambique, Portugal, São Tomé and Príncipe, creating CMLP. The main purpose of the protocol was to establish a common policy of cooperation in the scientific and professional fields, with emphasis in medical training.

One year later, in January 2006, AMB and CFM participated in the II International Congress of Physicians in Angola and the 1st Portuguese-Angolan Congress of Medical-Surgical Cooperation, held in Luanda. During the event, CMLP had its statutes concluded. The first president of the Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language) was Luís Leite, who was elected in the Congress in Cabo Verde, after him were elected Pedro Nunes in the Congress in Portugal, Carlos Alberto Pinto de Sousa in the Congress in Angola, and José Luiz Gomes do Amaral in the Congress in Mozambique.

Besides participating effectively in the creation of the new international entity, AMB helped in organization and participated in I Congress of CMLP, which was held from 27 to 29 November 2006, in Praia, capital of Cabo Verde (Africa). It was attended by Presidents of AMB, José Luiz Gomes do Amaral and of CFM, Edson de Oliveira Andrade, the Chairmen of the Ordem dos Médicos de Angola (Order of Doctors of Angola), João José Bastos; Cabo Verde, Luis de Sousa Nobre Leite; and Portugal, Pedro Nunes. In

the event was discussed the theme "Medical Formation: Challenge of the XXI Century".

The II Congress of CMLP occurred in Costa do Sauípe, Bahia, from 27 to 30 September 2007, and was sponsored by the Associação Médica Brasileira (Brazilian Medical Association) and the Associação Bahiana de Medicina (Bahiana Association of Medicine), with the central theme "Medicine of Quality for All". Attended the Opening Ceremony the Presidents of the World Medical Association, Nachiappan Arumugan (Malaysia), Pedro Nunes, Ordem dos Médicos de Portugal (Order of Doctors of Portugal), Luiz Leite of Cabo Verde, João Bastos of Angola, and representatives of the Ministry of Health, the State of Bahia Government and the Presidents of AMB and CFM. The II Congress of LRMC was attended by about 400 subscribers and a huge highlight was the presentation of the course of Evidence-Based Medicine, by the coordinators of Program Guidelines AMB/CFM, Moacyr Noble and Wanderley Bernardo, broadcasted live via web to all participating countries. In that meeting was also ratified the inclusion of Mozambique in the Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language).

The III Congress was held in Lisbon, from 19 to 21 February 2009, in conjunction with

Photo: AMB collection



Opening Ceremony of the Second Congress of CMLP in Bahia

the XIV National Congress of Medicine and the V National Congress of Internist, at the Congresses Centre in Lisbon, chaired by Isabel Caixeiro. The Program consisted of themes of relevance to medicine and the Development of People: the Millennium Objectives; Medical Ethics: Challenges of the Twenty-first Century; Health Policies: The Role of the Medical Associations, Medical Specialties, among others. During the IV Congress of CMLP, held from 25 to 27 March, in Maputo, Mozambique, AMB president, José Luiz Gomes do Amaral, was elected and started to occupy also the presidency of LRMC for the 2010-

Available in: www.cmedip.org

Statutes of the Comunidade Médica de Língua Portuguesa (Medical Community of Portuguese Language)

2011 administration. The Congress central theme was "Medical Practice and the New Challenges of the XXI Century".

5. Foro Iberoamericano de Entidades Médicas (Ibero-American Forum of Medical Entities) – FIEM



During the II Congress of CMLP, held in Costa do Sauípe (BA), in the period from 27 to 30 September 2007, CONFEMEL, the Council of Medical Colleges of Spain and the Order of Doctors of Portugal created the Foro Iberoamericano de Entidades Médicas (Ibero-American Forum of Medical Entities) - FIEM.

The FIEM objectives are to create a continuous exchange between the Latin-America and the Iberian peninsula Countries, seeking communication, cooperation and consensus on medical

ethics and professional competence.

Among the Forum main activities are the carrying out of an annual scientific activity aiming to achieve the entity's objectives, publish and disseminate communication and consensus, and coordinate joint actions.

Representing AMB, José Luiz Gomes do Amaral and Murillo Capella participated in the I Meeting of the Foro Iberoamericano de Entidades Médicas (Ibero-American Forum for Medical Entities), held in the Medical College Organization in Madrid, Spain, in May 2008. The II Meeting, held in Toledo, Spain, from 7 to 9 May 2009, discussed issues of relevance as the impact of the economic crisis on global health, changes in doctor-patient relationship, new strategies on the Declaration of Helsinki and risks in the practice of medicine, among other themes.

During the period from 4 to 7 May, 2010, in Buenos Aires, Argentina, the medical entities of Latin-America, Caribbean, Portugal and Spain to carry out the III Foro Iberoamericano de Entidades Médicas (Ibero-American Forum of Medical Entities), met to discuss themes of confront, common to all doctors of the medical areas represented. As a result of that meeting, a document was

published presenting the results of the discussions and guiding the agenda of medical entities for future commitments.

6. Other International Performances of ABM

Representatives of the Associação Médica Brasileira (Brazilian Medical Association) have participated in meetings of national associations and of various countries. In addition to the meetings in WHA, CONFEMEL, MCPL, FIEM and WHO, AMB was represented at meetings of the American Medical Association, German Medical Association and British Medical Association. The president of AMB in the administration 2005-2011 represented the entity in meetings in Bolivia, Argentina, Peru, Costa Rica, Chile, Portugal, Angola, Cabo Verde, Mozambique, France, Taiwan, Ecuador, among others.

Representing Brazil, José Luiz Gomes do Amaral participated in the seminar promoted by WHA on the future of health care and the human resources to the area. The event took place in Reykjavik, Iceland, on 8 and 9 March 2009.

In recent years, AMB has actively participated in forums about environment, representing Brazil in the Medical

Congresses in Angola, Mozambique and Cabo Verde. At a meeting held in Copenhagen, Denmark, early September, the World Medical Association defined the environment question as the greatest public health challenge in the XXI century. The understanding is that the climate changes and the air pollution will be the relevant threats to human health in the coming years. The Associação Médica Brasileira (Brazilian Medical Association) was represented by Paulo Saldiva.

In October 2009, the WMA General Assembly adopted the Declaration of Delhi, a recommendations policy, approved by the World Medical Association, on climate changes and their impacts on human health. The document was launched at the Conference of Doctors of Environment, held in the auditorium of the Associação Paulista de Medicina (São Paulo Association of Medicine), November 28.

Haino Burmester represented AMB at the conference "The financial crisis - Health implications", held in Riga, Latvia, on 10 and 11 September, 2010. The event was organized by WMA and, in his presentation, the Brazilian doctor talked about SUS.

AMB was represented in the courses of disaster promoted in partnership with

the American Medical Association in Chicago (USA). AMB also participated in the meeting of the World Health Professions Alliance (WHPA) in Geneva, and in the course of leadership

promoted by the business school Insead. The courses were attended by: José Luiz Gomes do Amaral, Miguel Jorge, Marcos Boulos, Luc Weckx, Leonardo Silva and Luiz Fernando Falcão.

Chapter VI

MEDICAL ECONOMICS

Lúcio Antonio Prado Dias

Marcos Bosi Ferraz

PROFESSIONAL DEFENSE

Florentino de Araújo Cardoso Filho

Roberto Queiroz Gurgel

TECHNICAL BOARDS / COMMISSIONS

César Teixeira

Medical Economics

Medicine and Economics, as areas of structured knowledge, have no more than a few hundred years.

Until very recently they presented independent and unrelated approaches and perspectives. In recent years, however, the growing awareness that the resources allocated to the area of health are and always will be scarce to meet the expectation and needs of the human beings, made these two areas start looking for a dialogue. They came to recognize and gradually enhance an area of common interest, that is, the health economy. The health economy is basically a discipline in which the concepts and foundations of economic theory are applied within health, or even the process of decision making in the area of health that incorporates the concepts and fundamentals of economic sciences. This area or specialty of medicine, of Economics, began to be developed and structured about 30 or 40 years ago, in the developed countries.

Even before the 60's economists already recognized the shortage of resources and the inability of the society to satisfy all the desires and needs of human beings, as well as the consequent importance of individuals or their representatives in the society to make choices. The doctors, so far, however, focused only the act to prevent, diagnose, treat and relieve human suffering. There was not, therefore, the concept and practice of choice in Medicine, aiming the optimization in the use of scarce resources. With the progressive advancement of knowledge, the development of technologies, the best and easier distribution of information, the growing demands of a society more focused and aware of its needs, and the progressive and growing relative scarcity of resources, these two areas began to approach each other in search of a solution and common benefit. The economist has progressively recognized that situations or processes that are difficult to measure in moneta-

ry or quantitative conditions (eg, relief of suffering), deserved special attention and needed also be considered. The doctor and other health professionals, mainly in the developed countries, on the other hand, started (and continued) to recognize that resources are scarce and finite even for health care, and were compelled to make decisions and choices never before exercised.

This recognition and approach process between Health Sciences and Economic Sciences has occurred quickly in developed countries. Concepts as opportunity cost, efficiency, equity, supply and demand in health, risk transfer, among others, began to be understood and progressively valued by the members and participants of the health system.

In developing countries, the health economy as a structured discipline is very young and, at this moment, is present only in some universities and teaching and research centers. Grows, however, the perception by leaders of the health system on the need to give base to the decisions, considering the limitations involving Biological Sciences (a science where the uncertainty is always present) and the Economic Sciences (a science that recognizes the

scarcity of resources and seeks to guide choices in order to promote efficiency and equity). The main objective is to guide the selection process based on priorities and that can be supported in the best technical and scientific evidence, but respecting the tangible limit of existing resources for the health system. Such choices need and should also consider the preference and values of citizens (or society).

Aware of the increasing complexity of the process of decision, AMB has created, more than 10 years ago, the Directory of Medical Economics. The area was created in the first administration of President Eleuses Vieira de Paiva, in 1999. Its first director was the Sergipean physician Lúcio Antonio Prado Dias, and the priority of the Board at the time was the completion and implementation of the Lista de Procedimentos Médicos (List of Medical Procedures) – currently represented by CBHPM. To enable the development of the new schedule of fees, as defined in the Strategic Planning of AMB, carried out in 2000, Prado maintained the first contacts with FIPE – Foundation Economic Research Institute of USP, which developed, in line with the board of Medical economics and the specialty societies, the attributes to promote proper ap-

preciation of the medical act, including the complexity of the procedure, the inherent risk, the time to perform the act, the conditions of work and specific professional training, observing the principle of horizontal hierarchy (within the specialty) and vertical hierarchy (between different specialties), an unpublished work worldwide.

Other themes that inspired the creation of the new Board of Medical Economics were related to medical work and remuneration in the Public Health System, the matter of general practitioners included in the Family Health Program, who did not have an Office and Salary Plan; elaboration of the accreditation process in health plans in the Country and support to the struggle for approval of the minimum wage of doctors. Marcos Pereira de Ávila succeeded Lucio Prado, in the administration

2002/2005, while the ophthalmologist Elizabeto Ribeiro Gonçalves was responsible for the 2005/2008 administration.

Under the current administration, the board of Medical Economics has, as its main objective, to contribute and actively participate in the discussion of topics of interest to the association (interacting with the various medical boards and leaderships), promote educational events on economics and health management, in a way to stimulate reflection on some dilemmas and challenges that the health-care system faces today. The participation of the association in some discussion forums and its engagement in the formulation of public policy is of vital importance to the health system, so that it will evolve to meet and satisfy minimally the yearnings of the population.

Professional Defense

The Professional Defense of AMB discusses and analyses aspects that include the doctor's life, as his insertion into the work market, professional fees and other juridical issues. It has as objective to join forces and to make conjoint strategies to face the daily problems, by means of actions and attitudes that aim the full exercise of the profession, representing the defense of its legitimate rights, in favor of health, patient and doctor.

1. Comissão de Remuneração e Mercado de Trabalho do Médico e Pró-SUS (Commission of Remuneration and Work Market of the Doctor and Pro-SUS)

The meetings, most of times performed in Brasília-DF, always had representatives of the three entities. Some of them occurred in other Capitals, favoring a greater capillarity of the conjoint agenda to the unique system of health, including the parliamentary health front, at that time chaired by Deputy

Rafael Guerra (MG). Never was lost the central focus, which was the search of more funds for SUS, with a constant defense of EC 29 regulation. There were meetings, hearings, protests in the states, in the National Congress and the maintenance of space on the agenda of the entities. There was a major crisis in Brazilian public health, with serious deficiencies in budget and management. Lacked the political will to resolve the situation, which punished more the poor and needy population, that depended exclusively of SUS. The population unhappy, the public health ill-judged and doctors failing to care through SUS. CPMF (Provisional Contribution on Financial Transactions) had fallen in Congress and the government was trying to create a new tax, the CSS (Social Contribution on Health). Never CPMF had its resources applied fully in health, as it had been designed under the tutelage of the then Minister of Health, Prof. Adib Jatene.

In the fight for minimum wage work, we support the PL 3734/2008 (Bill) by Deputy Ribamar Alves (MA), which had as relater Deputy Mauro Nazif (RO), changing the old law of 1961, which set the basic salary of doctors (and dentists). The PL sets the minimum wage for doctors in R\$7,000.00 (seven thousand reais) per month, for a workload of 20h/week in private companies and indexes the adjustment to the variation of INPC. The bill has been approved in committees and is awaiting approval in CCJ, and then goes to presidential approval.

The state's medical career was discussed with parliamentary members and the, at the time, Health Minister José Gomes Temporão, who, in act in defense of SUS, held in São Paulo-SP, May 28, 2009, said: "The Ministry is completing studies for the establishment of a federal career in health, with much emphasis on the medical profession". We hope this happens soon, as that will facilitate a better distribution of doctors in Brazil, including in cities with difficult access and poor structure. It was created a commission in the Ministry of Health progress on the project, which we

expect to be deployed and have great success.

PCCV, also an old struggle of doctors, was placed as agenda of entities, and FENAM hired the Fundação Getúlio Vargas (Getúlio Vargas Foundation) - (FGV-RJ) to develop the project, which has been concluded in the second half of 2009. Was mounted the base for implementing the plan at state and local level. As this movement was triggered in Brazil, especially in Northeast states and capitals, it started in the State of Ceará and the City of Fortaleza, where had been deployed the PCCV exclusive to doctors. Other States, capitals and larger cities also assured the PCCV for Doctors.

The implementation of CBHPM in SUS met the wishes of doctors, given the low payment of the SUS table, that was causing a drain of doctors from work in the SUS, due the degradation of remuneration, leading to long queues of patients waiting for medical appointments, exams and elective surgeries, overcrowding emergencies and causing the occurrence of preventable deaths by complications of diseases that should have been conducted electively.

It must be praised the organization of Anesthesiology, through their societies and cooperatives, which has known victory in States and Municipalities, encouraging other specialties and several doctors. The larger the organization, faster came the conquests.

Anesthesiology, Cardiac Surgery and Vascular Surgery headed the victories. The regional forums of medical entities arose, again with the pioneering of Northeast, the first being held in Maceió-AL, followed by the ones in Salvador-BA, Fortaleza-CE and João Pessoa-PB. In this last one was noticed a more targeted organization and faster victories, discussing regional progresses, as States had similar realities. Throughout the movement of the National Commission Pro-SUS, there were marches with great impact in the national media, showing the population the complicated situation of SUS, that had obtained improvements in the public health of the Brazilian people, with still enormous deficiencies, but doctors were willing to help resolve them.

The creation of the National Commission Pro-SUS was a great advance that led to conquests for doctors and the Brazilian

public health, bringing to debate the key questions that so much concern bring to the people of Brazil.

2. Comissão Nacional em Defesa do Ato Médico (National Commission in Defense of the Medical Act)

The struggle for the approval of the Law that regulates the profession of doctor (Medical Act Law) has been exercised by medical organizations since this process was initiated in February 2002, when Senator Geraldo Althoff presented the Bill that regulates Medicine in the Country.

The Directory of Professional Defense of AMB was committed to join the Comissão Nacional em Defesa do Ato Médico (National Commission in Defense of the Medical Act), created on 24/10/2002, formed by the three medical organizations, and has since then incessantly acted within the perspective of the Project approval.

In these seven years, there have been several comings and goings of the project, with several agreements being made with other professions, numerous meetings with representatives of Parliament, Organized

Civil Society and society in general. The Commission ruled the movement to obtain 1.5 million of signatures and public support to the project. The matter was approved in the Chamber of Deputies on October 21, 2009, unanimously, with the outstanding performance of several deputies and, particularly the former president of AMB, Eleuses Vieira de Paiva, in the presence of more than two hundred doctors in the galleries of the Congress.

The bill now returns to Senate and the fight for its definite approval is in marked pace, with AMB and its Directory of Professional Defense imbued with that purpose.

3. Câmara de Regulação e Trabalho do SUS (Chamber of Regulation and Work of SUS)

The Câmara de Regulação e Trabalho do SUS (Chamber of Regulation of Work in Health) - (CRTS) was created and structured by Ordinance No. 174/GM of 27 January 2006, and it was motivated by the need of discussion of the organization of the National system of employment and the conditions for the exercise of professions, the need for employment and the working conditions to exercise professions, the

SUS need to promote coordination with educational organs and supervision agencies of the professional exercise, the need to have an effective mechanism to increase the regulation of professionals in health, besides being an auxiliary organ of the Ministry of Health giving its opinions, whenever requested, on the exercise of professions and occupations in health.

In the composition of CRTS was established that the AMB would have a representative and, since then, this representation is exercised by the Director of Professional Defense, who attends meetings with voting power. The action of AMB with the CRTS is ruled by the defense of SUS, the interests of health and also in the defense of medical thought and the action of the doctor as professional.

Several projects have passed by the Commission and received opinions based on these perspectives, such as the rejection of regulation of profession of podiatrist, midwife, beautician, therapists, massage therapists, and several others who are under discussion, as the alternative practices and acupuncture.

AMB remains active defending the interests of the population and Brazilian doctors.

Technical Chambers/ Commissions

Technologies Assessment

This group, that analyses new equipments, medical-surgical techniques, drugs and materials used in the health area, began its work on January 18, 2005. Since then, the current legislation was studied and the Technical Chamber internal rule was elaborated, according to which the analysis of new technologies will have as parameters the description of the proposal, the minimum resources required, the main indications and contraindications, the target population, potential risks, evidence that justify the incorporation to CBHPM – Classificação Brasileira Hierarquizada de Procedimentos Médicos (Brazilian Hierarchical Classification of Medical Procedures), costs, regional availability and available alternatives, besides bioethical and legal aspects. Those interested in submitting new technologies for evaluation by the group must submit specific information in standardized way, according to the form and the guidance manual published by the Technical Chamber. All requests for

incorporation to CBHPM involving new technologies/procedures should be referred first to that Technical Chamber. Part of the Chamber representatives of AMB, CFM, ANS, Nations, Unidas, Unimed, Fenasaúde, Ministry of Health, SindHosp, Anahp and Abramge.

CBHPM

Chaired by Amilcar Martins Giron, 2nd treasurer of AMB, the Chamber is composed by representatives of the AMB, CFM, Fenam, Unidas, Unimed, Fenasaúde, as well as guests like Abramge, ANAHP and Holy Houses. Since January 2005, in partnership with the Comissão Nacional de Honorários Médicos (National Commission on Medical Fees), this Technical Chamber promotes various adjustments in CBHPM. In function of the speed with which advances Medicine, it has permanent character for constant improvement of CBHPM, strengthening relationships between partner institutions and ensuring transparency to rating.

Diretrizes (Guidelines)

The former scientific director of AMB, Fabio Biscegli Jatene, accounts for the Câmara Técnica de Diretrizes (Technical Chamber of Guidelines), which has representatives of AMB, CFM, Unidas, Unimed and Fenasaúde. This group seeks dialogue between the Projeto Diretrizes AMB/CFM (Project Guidelines AMB/CFM) and the supplementary health system, evaluating the impact of the use of guidelines in clinical practice and aspects of its implementation on a large scale. The creation of the site www.projetodiretrizes.org.br was a suggestion of this Chamber. Nowadays, the discussions revolve around the building of clinical scenarios for the elaboration of new guidelines, based on the demand indicated by the members of the Technical Chamber. In addition, the participant entities plan to offer courses to doctors who provide medical services on how to use evidence-based guidelines, their limits and benefits.

Implants

The first secretary of AMB, Luc Louis Maurice Weckx, is the president of the Chamber, with the participation of 12 other agencies: APM, CFM, Unidas, Unimed, Fenasaúde, IOT/HC/USP, ANS, ABRAIDI, Abramge, Agência Nacional de Vigilância Sanitária (National Sanitary Surveillance Agency) - ANVISA, Ministry of Health, Fiesp/ComSaúde, and invited Specialty Societies. The Câmara

Técnica de Implantes (Technical Chamber for Implants) was created in January 2005 and has already completed the job of classifying what is considered orthosis and prosthesis.

Materials and Drugs

Consisting of members of AMB, CFM, Unidas, Unimed and Fenasaúde. Gustavo Kesselring, representative of AMB, is the President of that Chamber, which works in partnership with Anvisa in the discussion of matters of common interest, seekink to optimize the cost of care and increase its quality to the population. Expensive drugs, generics and similar are the current themes in agenda.

AMB Representatives at Technical Chambers

Technology Assessment

Marcos Bosi Ferraz (Chairman); Wanderley Marques Bernardo, Ricardo Simões; Nathália Andrada

CBHPM

Amilcar Martins Giron (Chairman), Lúcio Antonio Prado Dias (AMB)

Diretrizes (Guidelines)

Fabio Biscegli Jatene (Chairman); Wanderley Marques Bernardo

Implants

Luc Louis Maurice Weckx (Chairman), Luiz Carlos Sobânia, João Bosco de Oliveira

Materials and Drugs

Gustavo Kesselring (Chairman), Jorge Kalil, Horácio José Ramalho

AMB Commissions

1. Comissão Nacional de Honorários (National Commission on Medical Fees)
2. Comissão Nacional de Consolidação e Defesa da CBHPM (National Commission on Consolidation and Defense of CBHPM)
3. Comissão Mista de Especialidades (Mixed Specialties Commission)
4. Comissão Nacional de Acreditação (National Accreditation Commission) - CNA
5. Comissão de Assuntos Políticos (Political Affairs Commission)
6. Comissão de Combate ao Tabagismo (Commission of Combat to Smoking)
7. Comissão de Dor (Commission on Pain)
8. Comissão de Medicina do Sono (Commission of Sleep Medicine)
9. Comissão de Transplantes de Órgãos e Tecidos (Commission of Organs and Tissues Transplants)
10. Comissão de Trauma (Commission on Trauma)
11. Comissão de Cooperativismo Médico (Commission of Medical Cooperative)
12. Comissões CFM (Commissions CFM)
13. Comissões do Ministério da Saúde (Commissions of the Ministry of Health)
14. Comissões da Agência Nacional de

Saúde Suplementar (Commissions of the National Supplementary Health Agency)

15. Comissões do Conselho Nacional de Saúde (Commissions of the National Council of Health)
16. Comissões da Agência Nacional de Vigilância Sanitária (Commissions of the National Sanitary Surveillance Agency)
17. Comissões do Ministério da Educação (Commissions of the Ministry of Education)

Other Commissions

1. Conselho Nacional Antidrogas (National Anti-Drugs Council) (Conad)
2. Conselho Nacional do Instituto Nacional do Câncer (National Council of the National Institute of Cancer) (INCA)
3. Câmara Técnica de Saúde Mental - Conselho Estadual de Saúde de São Paulo (Technical Chamber of Mental Health - State Council of Health of São Paulo)
4. Aliança Global contra Doenças Respiratórias Crônicas (Global Alliance Against Chronic Respiratory Diseases) (GARD Global) Council GARD Brazil
5. Comitê de Ambiente Livre do Tabaco no Estado de São Paulo - Secretaria do Estado de São Paulo (Commission for Tobacco Free Environment in the State of São Paulo – Secretary of the State of São Paulo)
6. Centro de Referência de Álcool, Tabaco e Outras Drogas (Reference Center of Alcohol, Tobacco and Other Drugs) (CRATOD)

Chapter VII

THE FEDERATES

Carlos David Araújo Bichara

Cléber Costa de Oliveira

Elias Fernando Miziara

Flávia Negrão

Hélio Barroso dos Reis

Jésus Almeida Fernandes

Jorge Carlos Machado Curi

Moacyr Basso Júnior

Murillo Ronald Capella

Newton Monteiro de Barros

Wilberto Silva Trigueiro



The Federates

In the twentieth century, Brazilian physicians in their respective states, revealing spirit of association, organized entities capable of express opinions and conduct their destinations. The appearance of these class bodies enabled the medical category, gathered around the ideal of helping people and to dignify the profession, to march in search of solutions for the health problems of the Brazilian people. Gradually, the state medical associations were growing, thanks to the increasing number of associates and the work of the many succeeding Boards, aimed at providing a more appropriate direction to the working conditions of its members, in defense of the Hippocratic and professional ideals. Over time, began to arise their own headquarters, social-cultural activities and the organization of congresses and conferences, allowing the indispensable scientific updating.

As the state associations emerged and evolved, there were attempts to create an entity that would bring together the Brazilian doctors. However, frustrated by the lack of conviction of most doctors about the need to be created a national associa-

tion, the idea ceased being commented and did not prospered. Nevertheless, over time, the idea of creating a national organ arose and began to be recognized by the state medical societies, hitherto carefree with professional defense.

Thus, early in the second half of the twentieth century, in the Congress of Central Brazil, in January 1951, held in Uberaba, Minas Gerais, which was attended by several representatives of state associations, was launched the plan of a national entity organization, with the request for support mainly for the preparation of the statutes of the future Associação Médica Brasileira (Brazilian Medical Association).

The spread of the idea surged so fast that, in the same month of January 1951, on 26, during the III Congress of the Associação Paulista de Medicina (São Paulo Association of Medicine), held in São Paulo, was officially founded the Associação Médica Brasileira (Brazilian Medical Association).

The new entity followed the path of the Federation, in which each state entity maintains its socio-cultural identity, its heritage

and its statutes as a AMB federated, including the compulsory membership of its associate members.

STATUTE OF AMB - Section II - ASSOCIATED

Article 8. The doctors of each State, the territory and the Federal District may be associated to AMB only through a

single federated duly recognized.

§ 2nd Are automatically members of AMB all members of the federateds.

Article 9. The associates of AMB are distributed in the following categories: founders, effective, retired, correspondent, honorary, benefactors and scholars.

Article 11. Are associated effective, all doctors who, into this category, belong to the membership of one of the federated entities.

In the historical sequence, each federated was developing itself with the creation of regional associations, which constitute the support beams of the associative movement in our country. Today, AMB represents 27 federated medical associations and more than 396 regional associations:

Medical Association of Acre – AMAC

Society of Medicine of Alagoas – SMA

Medical Association of Amapá – AMA

Medical Association of Amazonas – AMA

Bahiana Association of Medicine – ABM

Medical Association of Brasília – AMBr

Cearense Medical Association – AMC

Medical Association of Espírito Santo – AMES

Medical Association of Goiás – AMG

Medical Association of Maranhão – AMMA

Medical Association of Mato Grosso – AMMT

Medical Association of Mato Grosso do Sul – AMMS

Medical Association of Minas Gerais – AMMG

Médical-Surgical Society of Pará – SMCP

Medical Association of Paraná – AMP

Medical Association of Paraíba – AMPB

Medical Association of Pernambuco – AMPE

Piauiense Association of Medicine – ASPIMED

Medical Society of the Estate of Rio de Janeiro – SOMERJ

Medical Association of Rio Grande do Norte – AMRN

Medical Association of Rio Grande do Sul – AMRIGS

Medical Association of Rondônia – AMR

Medical Association of Roraima – AMR

Catarinense Association of Medicine – ACM

Paulista Association of Medicine – APM

Medical Society of Sergipe – SOMESE

Medical Association of Tocantins – AMT

Brazilian Medical Association Federates

The Associação Médica Brasileira (Brazilian Medical Association) brings together 27 federate medical associations throughout the country and about 400 regional associations.

Photo: AMAC collection



Associação Médica do Acre (Medical Association of Acre) - AMAC

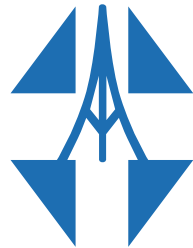
Founded on June 21, 1976
 President - Administration 2008-2011:
 Jene Greyce Oliveira da Cruz
 Address:
 Avenida Getúlio Vargas, 1.729 – Bosque
 Rio Branco – Acre – Brazil – CEP: 69908-650
 Phone: 55 (68) 3244-2082
 E-mail: amacrb@uol.com.br
 Active medical population of Acre: 726

Photo: SMA collection



Sociedade de Medicina de Alagoas (Medical Society of Alagoas) - SMA

Founded on September 17, 1917
 President - Administration 2008-2011:
 Cleber Costa de Oliveira
 Address:
 Rua Barão de Anádia, 5 – Centro – Maceió
 Alagoas – Brazil – CEP: 57020-630
 Phones: 55 (82) 3223-3463 | 3326-5474
 E-mail: someal@ig.com.br
 Active medical population of Alagoas: 3697



ASSOCIAÇÃO MÉDICA DO AMAPÁ

**Associação Médica do Amapá
(Medical Association of Amapá) -
AMA**

Founded on May 5, 1964
President - Administration 2008-2011:
Denise Nazaré Freitas de Carvalho
Address:
Avenida Feliciano Coelho, 1.060 –
Bairro do Trem – Macapá
Amapá – Brazil – CEP: 68900-260
Phone: 55 (96) 3242-1164
E-mail: sapmacapa@gmail.com
Active medical population of Amapá: 641



**Associação Médica do Amazonas
(Medical Association of
Amazonas) - AMA**

Founded on 1 December 1972
President - Administration 2008-2011:
José Maria de Castro Santana
Address:
Avenida Eduardo Ribeiro, 520 – 12º andar –
sala 1204 – Edifício Shopping Center Manaus
Manaus – Amazonas – Brazil – CEP: 69010-901
Phones: 55 (92) 3633-4376 | (92) 3234-8850
E-mail: ama01@ig.com.br
Active medical population of Amazonas: 3780

Photo: ABM collection



Associação Bahiana de Medicina (Bahiana Association of Medicine) - ABM

Founded on October 11, 1942
 President - Administration 2008-2011:
 Antonio Carlos Vieira Lopes
 Address:
 Rua Baependi, 162 – Ondina – Salvador
 Bahia – Brazil – CEP: 40170-070
 Phones: 55 (71) 2107-9665 | 2107-9666
 Site: www.abmnet.org.br
 E-mail: abm@abmnet.org.br
 Active medical population of Bahia: 16,731

Photo: AMBr collection



Associação Médica de Brasília (Medical Association of Brasília) - AMBr

Founded on February 6, 1959
 President - Administration 2008-2011:
 Lairson Vilar Rabelo
 Address:
 SCES Trecho 03 – Conjunto 06 – Brasília
 Distrito Federal – Brazil – CEP: 70200-003
 Phone: 55 (61) 2195-9797
 Fax.: 55 (61) 2195-9797
 Site: www.ambr.com.br
 E-mail: diretoria@ambr.com.br
 Active medical population of Federal District:
 10,193



Associação Médica Cearense (Medical Association of Ceará) - AMC

Founded on February 25, 1913
President - Administration 2008-2011:
Florentino de Araújo Cardoso Filho
Address:
Avenida Dom Luís, 300 – Salas 1121 a 1124
Praia de Meireles – Fortaleza
Ceará – Brazil – CEP: 60160-230
Phone: 55 (85) 3264-9466
Site: www.amc.med.br
E-mail: amc@amc.med.br
Active medical population of Ceará: 9254

Photo: AMES collection



Associação Médica do Espírito Santo (Medical Association of Espírito Santo) - AMES

Founded on January 10, 1924
President - Administration 2008-2011:
Antonio Carlos Paula de Resende
Address:
Rua Francisco Rubim, 395 – Vitória
Espírito Santo – Brazil – CEP: 29050-680
Phone: 55 (27) 3324-1333
Site: www.ames.org.br
E-mail: ames@ames.org.br
Active medical population of Espírito Santo:
7289

Photo: AMG collection



Associação Médica de Goiás (Medical Association of Goiás) - AMG

Founded on November 28, 1950
 President - Administration 2008-2011:
 Rui Gilberto Ferreira
 Address:
 Avenida Mutirão, 2653 – Setor Marista
 Goiânia – Goiás – Brazil – CEP: 74115-020
 Phone: 55 (62) 3285-6111
 Fax: (62) 3285-6116
 Site: www.amg.org.br
 E-mail: amg2001@terra.com.br
 Active medical population of Goiás: 9659

Photo: AMMA collection



Associação Médica do Maranhão (Medical Association of Maranhão) - AMMA

Founded on March 22, 1939
 President - Administration 2008-2011:
 Maria Jacqueline Silva Ribeiro
 Address:
 Rua do Passeio, 541 – Centro – São Luís
 Maranhão – Brazil – CEP: 65043-130
 Phone: 55 (98) 3222-6779
 E-mail: somma_ma@hotmail.com
 Active medical population of Maranhão: 4332

Photo: AMMT collection



Associação Médica de Mato Grosso (Medical Association of Mato Grosso) – AMMT

Founded on September 22, 1951
President - Administration 2008-2011:
Rodney Mady
Address:
Rua Treze de junho, 895 – 7º andar –
sala 703 – Campo Grande
Mato Grosso – Brazil – CEP: 78020-001
Phones: 55 (65) 3322-5296 | 3623-5371
Fax: 55 (65) 3322-5296
Site: www.ammt.org.br
E-mail: ammte@terra.com.br
Active medical population of Mato Grosso:
3.706

Photo: AMMS collection



Associação Médica do Mato Grosso do Sul (Medical Association of Mato Grosso do Sul) - AMMS

Founded on February 23, 1956
President - Administration 2008-2011:
Eliana Patrícia Sempertegui Maldonado Pires
Address:
Rua Desembargador Leão Neto do Carmo,
155 – Parque dos Poderes – Campo Grande
Mato Grosso do Sul – Brazil – CEP: 79037-100
Phone/Fax: 55 (67) 3327-4110
Site: www.amms.org.br
E-mail: assmedms@terra.com.br
Active medical population of Mato Grosso do
Sul: 3897

Photo: AMMG collection



Associação Médica de Minas Gerais (Medical Association of Minas Gerais) - AMMG

Founded on January 19, 1946
 President - Administration 2008-2011:
 José Carlos Vianna Collares Filho
 Address:
 Avenida João Pinheiro, 161 – Centro
 Belo Horizonte – Minas Gerais – Brazil
 CEP: 30130-180
 Phones: 55 (31) 3247-1600 | 3247-1618
 Fax: 55 (31) 3222-3826
 Site: www.ammg.org.br
 E-mail: presidencia@ammg.org.br
 Active medical population of Minas Gerais:
 38,005

Photo: SMCP collection



Sociedade Médico-Cirúrgica do Pará (Medical-Surgical Society of Pará) - SMCP

Founded on August 15, 1914
 President - Administration 2008-2011:
 José Luiz Amorim de Carvalho
 Address:
 Passagem Bolonha, 134 – Bairro Nazaré
 Belém – Pará – Brazil
 CEP: 66053-060
 Phones: 55 (91) 3241-2604 | 3242-5470
 Site: www.smcp.com.br
 E-mail: smcp@smcp.com.br
 Active medical population of Pará:
 6206

Photo: AMP collection



Associação Médica do Paraná (Medical Association of Paraná) - AMP

Founded on July 2, 1933

President - Administration 2008-2011:

José Fernando Macedo

Address:

Rua Cândido Xavier, 575 – Bairro Água Verde

Curitiba – Paraná – Brazil – CEP: 80240-280

Phone: 55 (41) 3024-1415

Fax: 55 (41) 3242-4593

Site: www.amp.org.br

E-mail: amp@amp.org.br | secretaria@amp.org.br

Active medical population of Paraná: 19,047

Photo: AMPB collection



Associação Médica da Paraíba (Medical Association of Paraíba) - AMPB

Founded on March 16, 1924

President Management 2008-2011:

Fábio Antônio da Rocha de Souza

Address:

Avenida Camilo de Holanda, 821

João Pessoa - Paraíba - Brazil - CEP: 58040-340

Phone: 55 (83) 3221-2877

Site: www.ampb.med.br

E-mail: saude@ampb.med.br

Active medical population of Paraíba: 4803

Photo: AMPE collection



Associação Médica de Pernambuco (Medical Association of Pernambuco) - AMPE

Founded on April 4, 1841
 President - Administration 2008-2011:
 Jane Maria Cordeiro Lemos
 Address:
 Rua Oswaldo Cruz, 393 - Boa Vista - Recife
 Pernambuco - Brazil - CEP: 50050-220
 Fax: 55 (81) 3423-5473
 Site: www.ampe-med.com
 E-mail: somepe.ampe@hotmail.com
 Active medical population of Pernambuco:
 13,052

Photo: ASPIMED collection



Associação Piauiense de Medicina (Piauiense Association of Medicine) - ASPIMED

Founded on December 23, 1938
 President - Administration 2008-2011:
 Felipe Eulálio de Padua
 Address:
 Rua David Caldas, 90 – 1º andar
 Cx Postal 57 - Teresina - Piauí
 Brazil - CEP: 64000-190
 Phone: 55 (86) 3221-4402
 Site: www.aspimed.org.br
 E-mail: aspimed@veloxmail.com.br
 Active medical population of Piauí: 3056

Photo: SOMERJ collection



Sociedade Médica do Estado do Rio de Janeiro (Medical Society of the State of Rio de Janeiro) - SOMERJ

Founded in January 7, 1923

President - Administration 2008-2011:

Carlindo de Souza Machado e Silva Filho

Address:

Rua Jornalista Orlando Dantas, 58 - Botafogo

Rio de Janeiro - Rio de Janeiro - Brazil

CEP: 22231-010

Phone: 55 (21) 3907-6200

Site: www.somerj.com.br

E-mail: somerj@somerj.com.br

Active medical population of Rio de Janeiro:

56,629

Photo: AMRN collection



Associação Médica do Rio Grande do Norte (Medical Association of Rio Grande do Norte) - AMRN

Founded on 1 August 1931

President - Administration 2008-2011:

Álvaro Roberto Barros Costa

Address:

Avenida Hermes da Fonseca, 1396

Bairro Tirol - Natal - Rio Grande do Norte

Brazil - CEP: 59020-000

Phone: 55 (84) 3211-6698 -3211-6817

E-mail: contato@amrn.org.br

Active medical population of Rio Grande do Norte: 4259

Photo: AMRIGS collection



Associação Médica do Rio Grande do Sul (Medical Association of Rio Grande do Sul) - AMRIGS

Founded on October 27, 1951
 President - Administration 2008-2011:
 Dirceu Francisco de Araújo Rodrigues
 Address:
 Av Ipiranga, 5311 - Porto Alegre
 Rio Grande do Sul - Brazil - CEP: 90610-001
 Phone: 55 (51) 3014-2001
 Site: www.amrigs.com.br
 E-mail: diretoria@amrigs.com.br
 Active medical population of Rio Grande do Sul: 24,631

Photo: AMR collection



Associação Médica de Rondônia (Medical Association of Rondônia) - AMR

Founded on August 14, 1976
 President – Administration 2008-2011:
 Ricardo Garcia Amaral
 Address:
 Rua Duque de Caxias, 518 - Porto Velho
 Rondônia - Brazil - CEP: 78900-040
 Phone: 55 (69) 3224-1991
 Email: amr.ro@hotmail.com
 Active medical population of Rondônia:
 1677

Photo: AMR collection



Associação Médica de Roraima (Medical Association of Roraima) - AMR

President - Administration 2008-2011:
José Nunes da Rocha
Address:
Avenida Ville Roy, 4123
Boa Vista - Roraima - Brazil - CEP: 69306-595
Phone: 55 (95) 3623-1554
Fax: 55 (95) 3623-1091
E-mail: executivacrmrr@technet.com.br
Active medical population of Roraima: 584

Photo: ACM collection



Associação Catarinense de Medicina (Catarinense Association of Medicine) - ACM

Founded on April 28, 1937
President - Administration 2008-2011:
Genoir Simoni
Address:
Rodovia SC 401 - Km 04, 3854 – Saco Grande - Florianópolis - Santa Catarina - Brazil
CEP: 88032-005
Phone: 55 (48) 3231-0300 | 3231-0342
Fax: 55 (48) 3231-0331
Site: www.acm.org.br
E-mail: acm@acm.org.br
Active medical population of Santa Catarina: 11,707



Associação Paulista de Medicina (Paulista Association of Medicine) - APM

Founded on November 29, 1930
 President – Administration 2008-2011:
 Jorge Carlos Machado Curi
 Address:
 Avenida Brigadeiro Luis Antonio, 278 - B. Vista
 São Paulo - São Paulo - Brazil
 CEP: 01318-901
 Phone: 55 (11) 3188-4200
 Fax: 55 (11) 3107-3771
 Site: www.apm.org.br
 E-mail: presidencia@apm.org.br
 Active medical population of São Paulo:
 106,501



Sociedade Médica de Sergipe (Medical Society of Sergipe) - SOMESE

Founded on June 27, 1937
 President - Administration 2008-2011:
 Petrônio Andrade Gomes
 Address:
 Rua Guilhermino Rezende, 426
 Bairro S. José - Aracaju - Sergipe - Brazil
 CEP: 49020-270
 Fax: 55 (79) 3211-9357 | 3211-6855
 Site: www.somesse.com.br
 E-mail: presidencia@someese.com.br
 Active medical population of Sergipe:
 2805

Photo: AMT collection



Associação Médica do Tocantins (Medical Association of Tocantins) - AMT

Founded on November 2, 1991
President - Administration 2008-2011:
Eduardo Francisco de Assis Braga
Address:
Rua NSA, quadra 201 Sul, conjunto 02, Lote 02,
Plano Diretor Sul
Palmas - Tocantins - Brazil - CEP: 77015-205
Phone/Fax: 55 (63) 3223-8108
Site: www.amt-to.org.br
E-mail: amt@amt-to.org.br
Active medical population of Tocantins: 1719

Active medical population, searched in <http://portal.cfm.org.br>, accessed on April 11, 2011

Chapter VIII

SCIENTIFIC COUNCIL

Ademir Humberto Soares

Edmund Chada Baracat



Scientific Council

The recognition and the efforts for the valorization of specialists began with the founding, in 1910, of the Sociedade Brasileira de Pediatria (Brazilian Society of Pediatric), the first association of medical specialty in the Country. During the following forty years, were created only 12 more associations.

The First Associations of Medical Specialties in Brazil

- 1910 - Pediatric
- 1912 - Dermatology
- 1929 - General Surgery
- 1935 - Orthopedic
- 1941 - Ophthalmology
- 1943 - Cardiology
- 1944 - Clinical Pathology
- 1946 - Oncology
- 1946 - Allergy and Immunology
- 1948 - Radiology
- 1948 - Anesthesia
- 1948 - Plastic Surgery

1950 - Hematology and Hemotherapy
Since its foundation, the Associação Médica Brasileira (Brazilian Medical Association) has shown strong interest in the specialization of doctors. Thus, in the 60s of last century, it initiates the certification of specialists, by means of special commissions appointed by the Board, composed of doctors with notorious knowledge in the area, who were responsible for carrying out tests to the professional qualification.

Until 1976, these two forms of certification, AMB and Specialty Associations, lived side by side. At the same time, the existence of different titles and the diversity in qualifying hindered the valorization of those professional and did not succeeded the involvement of the patients. This year, after important negotiations developed over the previous years, was created the Scientific Council of AMB, with the institutionalization of the Scientific Departments, integrated by the respective associations, with technical and scientific recognition. In the same year, the Conselho

Federal de Medicina (Federal Council of Medicine) - CFM issued a resolution normalizing the registration of qualification as a specialist.

Composition of the First Scientific Council of AMB

- Academia Brasileira de Neurologia (Brazilian Academy of Neurology)
- Associação Brasileira de Psiquiatria (Brazilian Association of Psychiatry)
- Associação Nacional de Medicina do Trabalho (National Association of Occupational Medicine)
- Colégio Anatômico Brasileiro (Anatomical Brazilian College)
- Colégio Brasileiro de Radiologia (Brazilian College of Radiology)
- Conselho Brasileiro de Oftalmologia (Brazilian Council of Ophthalmology)
- Federação Brasileira de Otorrinolaringologia (Brazilian Federation of Otorhinolaryngology)
- Federação Brasileira de Sociedades de Ginecologia e Obstetrícia (Brazilian Federation of Gynecology and Obstetric Societies)
- Federação de Medicina Desportiva (Federation of Sports Medicine)
- Sociedade Brasileira de Alergia e Imunologia (Brazilian Society of Allergy and Immunology)
- Sociedade Brasileira de Anestesiologia (Brazilian Society of Anesthesiology)
- Sociedade Brasileira de Angiologia (Brazilian Society of Angiology)
- Sociedade Brasileira de Cancerologia (Brazilian Society of Oncology)
- Sociedade Brasileira de Cardiologia (Brazilian Society of Cardiology)
- Sociedade Brasileira de Cirurgia Pediátrica (Brazilian Society of Pediatric Surgery)
- Sociedade Brasileira de Cirurgia Plástica (Brazilian Society of Plastic Surgery)
- Sociedade Brasileira de Citologia (Brazilian Society of Cytology)
- Sociedade Brasileira de Dermatologia (Brazilian Society of Dermatology)
- Sociedade Brasileira de Eletrencefalografia e Neurofisiologia Clínica (Brazilian Society of Electroencephalography and Clinical Neurophysiology)
- Sociedade Brasileira de Endoscopia Peroral (Brazilian Society of Peroral Endoscopy)
- Sociedade Brasileira de Endocrinologia e Metabologia (Brazilian Society of Endocrinology and Metabolism)
- Sociedade Brasileira de Geriatria e

- Gerontologia (Brazilian Society of Geriatrics and Gerontology)
- Sociedade Brasileira de Hematologia e Hemoterapia (Brazilian Society of Hematology and Hemotherapy)
 - Sociedade Brasileira de Hepatologia (Brazilian Society of Hepatology)
 - Sociedade Brasileira de Leprologia (Brazilian Society of Leprology)
 - Sociedade Brasileira de Medicina Física e Reabilitação (Brazilian Society of Physical Medicine and Rehabilitation)
 - Sociedade Brasileira de Medicina Legal (Brazilian Society of Legal Medicine)
 - Sociedade Brasileira de Nefrologia (Brazilian Society of Nephrology)
 - Sociedade Brasileira de Neurocirurgia (Brazilian Society of Neurosurgery)
 - Sociedade Brasileira de Ortopedia e Traumatologia (Brazilian Society of Orthopedic and Traumatology)
 - Sociedade Brasileira de Patologia Clínica (Brazilian Society of Clinical Pathology)
 - Sociedade Brasileira de Patologistas (Brazilian Society of Pathologist)
 - Sociedade Brasileira de Pediatria (Brazilian Society of Pediatric)
 - Sociedade Brasileira de Proctologia (Brazilian Society of Proctology)

- Sociedade Brasileira de Reumatologia (Brazilian Society of Rheumatology)

With the creation of the Council, begins a phase of regulatory certification and setting of standards and rules of examinations. At the same time, AMB issues rules for qualifying of services related to residency and stages of specialization. The combination of all these events marked the beginning of the technical and scientific evolution of the Brazilian Medicine.

In 1977 is created, by Decree Law, the Comissão Nacional de Residência Médica (National Commission of Medical Residency) - (CNRM), whose regulation law, approved in 1981, enacted that the accredited programs should confer title of specialist on behalf of qualified doctors. At that moment Brazil had three kinds of titles: AMB, CFM and CNRM. The difference in the denomination and the autonomy of each entity led, over time, to the creation of almost 100 different names of specialties, in complete disagreement with the rest of the world.

In 1989, AMB and CFM signed an agreement whereby the Council would register only the titles of specialists granted after examination by an Association recognized

by both entities and component of the Scientific Council of AMB.

In 1995, AMB and CFM formed an equal commission to analyze their specialties and propose measures to unify them and establish criteria for recognition of specialties. In 1996, AMB promoted a national forum of medical specialties, while CNRM held a national seminar on residency and medical specialties. In both events were highlighted the need for the unification of their lists of specialties and the one of CFM.

In 2000, AMB, CFM and CNRM set up a new commission with a mission: analyze the current system of medical specialties, establish criteria for recognition and standardize names and training programs. In 2002, as a result of the commission work, the agreement is signed between the three entities and is issued a CFM resolution establishing a Comissão Mista de Especialidades (Joint Commission of Specialties) AMB/CFM/CNRM (CME), that issues a unique list of specialties and acting, specifies the ways of formation and titles registration and defines the criteria for recognition of new areas.

The current Scientific Council of AMB is composed by the presidents of 50 specialty associations and seven of acting area, with

agreement signed with the AMB and, according to statutory provisions, having as main functions:

- a) To increase, regulate and coordinate the activities of the exercise of medical specialties throughout the national territory;
- b) To study and suggest measures for improvement of doctors training;
- c) To study and suggest measures aiming the perfect execution of the assignment of the Title of Specialist and its valorization;
- d) To elect, from among its members, the 14 representatives and their alternates with the Deliberative Council of AMB.

The participation in the Scientific Council of AMB is restricted to one association for specialty, elected by the Council. The possibility of entry of a new entity is restricted to the approval of a new department, a fact closely related to the approval of a new specialty by CME or as a substitute for the one of the current representatives.

The Specialty Societies of AMB

- 1. Colégio Médico Brasileiro de Acupuntura (Brazilian Medical College of Acupuncture) - CMA**

President: Dirceu de Lavor Sales •
Address: Rua Oliveira Góes, 274 •
Casa Forte • Recife - PE - Brazil • CEP:
52061-340 • Phone: 55 (81) 3269-3624
/ 3269-8104 • Fax: 55 (81) 3269-3624
E-mail: cmap1@uol.com.br
Site: www.cmacupuntura.org.br

2. Associação Brasileira de Medicina Preventiva e Administração em Saúde (Brazilian Association of Preventive Medicine and Administration in Health) - ABRAMPAS

President: Luis Gustavo Garavelli • Address:
Av. Brigadeiro Luis Antonio, 278 – 7º andar
• Bela Vista • São Paulo - SP - Brazil • CEP:
• 01318-901 • Phone: 55 (11) 3188-4243
• Fax: 55 (11) 3188-4212
E-mail: smbas06@gmail.com

3. Associação Brasileira de Alergia e Imunopatologia (Brazilian Association of Allergy and Immunopathology) - ASBAI

President: João Negreiros Tebyriça •
Address: Av. Professor Ascendino Reis, 455
• Vila Clementino • São Paulo - SP - Brazil
• CEP: 04027-000 • Phone: 55 (11) 5575-
6888/1204 • Fax: 55 (11) 5572-4069
E-mail: sbai@sbai.org.br
Site: www.asbai.org.br

4. Sociedade Brasileira de Anestesiologia (Brazilian Society of Anesthesiology) - SBA

President: Nádia Maria da Conceição
Duarte • Address: Rua Professor Alfredo
Gomes, 36 • Botafogo • Rio de Janeiro -
RJ - Brazil • CEP: 22251-080 • Phone: 55
(21) 2537-8100 • Fax: 55 (21) 2537-8188
E-mail: sba2000@openlink.com.br
Site: www.sba.com.br

5. Sociedade Brasileira de Angiologia e de Cirurgia Vascular (Brazilian Society of Angiology and Vascular Surgery) - SBACV

President: Guilherme Benjamin Brandão
Pitta • Address: Rua Estela 515 Bl e
conj. 21 • Vila Mariana • São Paulo - SP
- Brazil • CEP: 04011-002 • Phones: 55
(11) 5084-3482 / 5084-2853 • Fax: 55
(11) 5084-3482 / 5084-2853
E-mail: secretaria@sbacv.com.br
Site: www.sbacv.com.br

6. Sociedade Brasileira de Cancerologia (Brazilian Society of Oncology) - SBC

President: Roberto Porto Fonseca •
Address: Rua Pará, 197 • Pituba • Salvador
- BA - Brazil • CEP: 41830-070 • Phone:
55 (71) 3240-4868 • Fax: 55 (71)
3248.9134

E-mail: socancer@lognet.com.br

Site: www.sbcancer.org.br

7. Sociedade Brasileira de Cardiologia (Brazilian Society of Cardiology) - SBC

President: Jorge Ilha Guimarães • Address: Avenida Marechal Câmara, 160 – sala 330 • Centro • Rio de Janeiro - RJ - Brazil • CEP: 20020-907 • Phone: 55 (21) 3478-2700 • Fax: 55 (21) 3478-270

E-mail: sbc@cardiol.br

Site: www.cardiol.br

8. Sociedade Brasileira de Cirurgia de Cabeça e Pescoço (Brazilian Society of Surgery of Head and Neck) - SBCCP

President: Onivaldo Cervantes • Address: Av. Brigadeiro Luis Antonio, 278 • 5º andar • Bela Vista • São Paulo - SP - Brazil • CEP: 01318-901 • Phone: 55 (11) 3107-9529 • Fax: 55 (11) 3107-9529

E-mail: sbccp@sbccp.org.br

Site: www.sbccp.org.br

9. Sociedade Brasileira de Cirurgia Cardiovascular (Brazilian Society of Cardiovascular Surgery) - SBCCV

President: Walter José Gomes • Address: Rua Beira Rio, 45 - 7º andar - conj. 73 • Vila Olímpia • São Paulo - SP - Bra-

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10. Associação Brasileira de Cirurgia da Mão (Brazilian Association of Surgery of Hand) - SBCM

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11. Colégio Brasileiro de Cirurgia Digestiva (Brazilian College of Digestive Surgery) - CBCD

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12. Colégio Brasileiro de Cirurgiões (Brazilian College of Surgeons) - CBC

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13. Associação Brasileira de Cirurgia Pediátrica (Brazilian Association of Pediatric Surgery) - CIPE

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14. Sociedade Brasileira de Cirurgia Plástica (Brazilian Society of Plastic Surgery) - SBCP

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15. Sociedade Brasileira de Cirurgia Torácica (Brazilian Society of Thoracic Surgery) - SBCT

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Site: www.sbct.org.br

16. Sociedade Brasileira de Clínica Médica (Brazilian Society of Internal Medicine) - SBCM

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17. Sociedade Brasileira de Coloproctologia (Brazilian Society of Coloproctology) - SBCP

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18. Sociedade Brasileira de Dermatologia (Brazilian Society of Dermatology) - SBD

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19. Sociedade Brasileira de Endocrinologia e Metabolismo (Brazilian Society of Endocrinology and Metabolism) - SBEM

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23. Sociedade Brasileira de Geriatria e Gerontologia (Brazilian Society of Geriatrics and Gerontology) - SBGG

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24. Federação Brasileira das Associações de Ginecologia e Obstetrícia (Brazilian Federation of Associations of Gynecology and Obstetrics) - FEBRASGO

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26. Associação Médica Homeopática Brasileira (Brazilian Homeopathic Medical Association) - AMHB

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27. Sociedade Brasileira de Infectologia (Brazilian Society of Infectious Diseases) - SBI

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31. Associação Nacional de Medicina do Trabalho (National Association of Labour Medicine) - ANAMT

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32. Associação Brasileira de Medicina do Tráfego (Brazilian Association of Traffic Medicine) - ABRAMET

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35. Associação Brasileira de Medicina Legal e Perícias Médicas (Brazilian Association of Forensic Medicine and Medical Skills) - ABML

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36. Sociedade Brasileira de Nefrologia (Brazilian Society of Nephrology) - SBN

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37. Sociedade Brasileira de Neurocirurgia (Brazilian Society of Neurosurgery) - SBN

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39. Associação Brasileira de Nutrologia (Brazilian Association of Nutrition) - ABRAN

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40. Colégio Brasileiro de Oftalmologia (Brazilian Council of Ophthalmology) - CBO

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E-mail: diretoria@sbot.org.br
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42. Associação Brasileira de Otorrinolaringologia e Cirurgia Cérvico-Facial (Brazilian Association of Otorhinolaryngology and Cervicofacial Surgery) - ABORLCCF

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43. Sociedade Brasileira de Patologia (Brazilian Society of Pathology) - SBP

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44. Sociedade Brasileira de Patologia Clínica (Brazilian Society of Clinical Pathology / Laboratory Medicine) - SBPC/ML

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46. Sociedade Brasileira de Pneumologia e Tisiologia (Brazilian Society of Pneumology and Tisiology) - SBPT

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48. Colégio Brasileiro de Radiologia e Diagnóstico por Imagem (Brazilian College of Radiology and Diagnostic Imaging) - CBR

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50. Sociedade Brasileira de Urologia (Brazilian Society of Urology) - SBU

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The Societies of Acting Area of AMB

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**2. Sociedade Brasileira de Hansenologia
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E-mail: diretoria@iisl.br
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**3. Sociedade Brasileira de Hepatologia
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4. Sociedade Brasileira de Neurofisiologia Clínica (Brazilian Society of Clinical Neurophysiology) - SBNC

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5. Sociedade Brasileira de Nutrição Parenteral e Enteral (Brazilian Society of Parenteral and Enteral Nutrition) - SBNPE

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Chapter IX

CULTURAL ACTIONS OF AMB

Flávia Negrão

Hélio Barroso dos Reis



The Cultural Actions of the Brazilian Medical Association

The Brazilian culture is a result of the mixture of several people who attended the same composition and demographic constitution: Europeans, Indians (Aborigines), Africans, Asians, Arabs, among others. Since colonization, Brazil promotes the mixing of races, the divergences and convergences between ethnic groups, its cultural, aesthetic manifestations, customs and values, which promote, to the present day, the Brazilian Culture.

The word culture has its origin in Latin and means to cultivate, create, look after and care; act, effect or how to cultivate; the complex of behavior patterns, beliefs, institutions and other spiritual and material values transmitted collectively and characteristic of a society; the development of a social group, a nation, which is the result of the collective effort to improvement of these values; civilization and progress.

The categories of culture are defined as cultural heritage, they are all man creates, inspires, makes real and transforms in art. Each cultural production has a distinct character: fine arts, cinema, literature, dance, cooking, folkloric feasts, historical heritage, among others. By adding knowledge, beliefs, morals and customs, are defined the cultural habits of a society.

The term maecenate appeared as a reference to the activities performed by Gaius Maecenas, a Roman citizen, between 30 BC and 10 A.D. Maecenas is a person who sponsors the arts, science or education, with tax benefits or not. The mode patronage is not intended to do commercial work of a image and the building of a name, but is part of the social responsibility of each one, of the benefactor spirit. Patronage and sponsorship have different objectives. The State alone is unable to meet the general needs for cultural deve-

lopment, covered by centuries of cultural development and unmet needs, so the State itself has created mechanisms that contribute for individuals and corporations to invest in culture.

Currently, culture has become one of the most dynamic and attractive segments of contemporary economy and, in the current phase, the social and cultural responsibilities are increasingly valued. The cultural diversity of Brazil is very rich and stimulates the creation of projects in diverse forms, such as music, visual arts, literature, cinema, and others. The profile of contemporary society changed, due to the flexibility of the economy, the technological evolution and the extent of the communication media. There was a profound change in the humanity, redefining the history of culture, causing a huge revolution in the cultural sector, and all that evolution broke distances, inadequate schedules, and even diminished the abyss between social classes, education levels and cultural experiences. New habits happen, photographs and works of art are treated, films are colorized, art works are digitized, people who never had access to cultural centers, and who have limited mobility, indirectly participate in the cultu-

ral program, even through Internet. One of the tools used to the development of this area is the Cultural Marketing, which allows the projection of the company or entity image through cultural activities, and that can be practiced by individuals or companies. It is used to enhance the corporate image, linking culture and social accountability. The tax incentives offered by the Government, facilitate and motivate cultural activities. In this regard, the State reinforces its role in the impact of culture on the guidelines of society and the spheres involved in the process of Cultural Marketing appear: State, Business Community, Cultural Creators, Cultural Institutions and Intermediates. The keywords involved in Cultural Marketing are: Maecenate, Social Responsibility, Philanthropy, Patronage and Support. In the process of production and cultural diffusion, increases the economic and financial feasibility of a project and, therefore, the achieving of the cultural objectives proposed. The sponsorship of cultural projects today represents an important source of encouragement to the Brazilian artistic production.

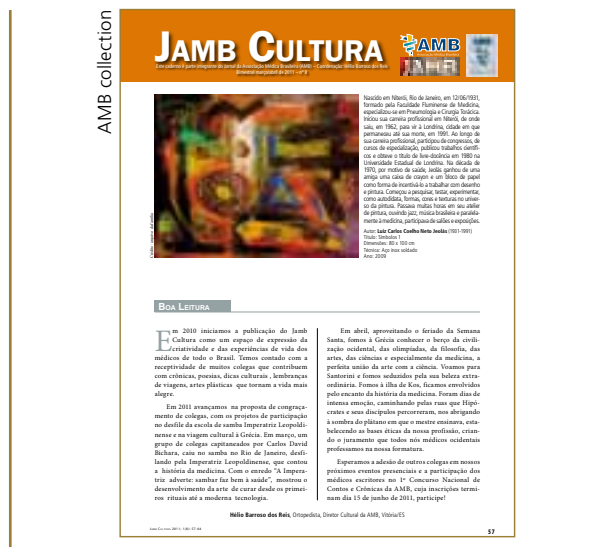
Culture tends to be increasingly seen by the government and the private initiative sector as a staple for the citizenship of

population, equating it with issues such as education, health, transport and housing. Thinking about it, starting in the administration of Dr. José Luiz Gomes do Amaral, the Associação Médica Brasileira (Brazilian Medical Association), through its Cultural Department, has been promoting, by the means at its disposition, the cultural development of its associates and the society. It was at first conducted a survey among the Federates to evaluate the physical structure, number of activities, region, number of associates, among other data. Thereafter, was started the deployment of cultural activities in the

Federates of APM, a continuous work, long term, that aims to reach satisfactory results for the entire medical class. To turn ideas into cultural projects and implement actions in the Federates are the objectives of the Cultural Department of the Associação Médica Brasileira (Brazilian Medical Association). In several modalities, many actions can be deployed, such as erudite and popular concerts, renovations, restorations of works, cataloging and deployment of libraries, museums, art galleries, campaigns to increase patrimony, national and inter-



First edition of Culture JAMB - Jan/Feb-2010



Eighth edition of Culture JAMB - Mar/Apr-2011

national art expositions, cine sessions, actions seeking the preservation of the environment, creation of magazines and cultural supplements, interchange with cultural entities, publication of books, dance, music, valorization of Brazilian craftsmanship, so there are a multitude of actions and projects that can be developed by the medical entities.

Of the actions that have already been started, we can highlight the cultural supplement titled JAMB Culture, launched in January 2010. 50,000 copies are printed bimonthly, inserted in JAMB, aiming to stimulate and enhance the various literary and artistic expressions of Brazil. It is an interactive communication vehicle, focused on the medical class and the general public. In its sessions are published articles, essays, poetry, short stories, articles on culture and the History of Medicine, themes and information about national and international art and culture. As a result, doctors throughout Brazil have participated in the publications by sending high quality literary material.

The Cultural Department of AMB started the year 2011 promoting three simultaneous actions: cultural trip to Greece, disclosure of the samba school Empress Leopoldinense-

se parade and the launching of I National Competition of Tales and Chronicles.

In March, doctors had the opportunity to parade in the Marquis of Sapucaí, integrating wards of the samba school Empress Leopoldinense, which had as theme "Sambar is good for health". The school organized seven wards with themes related to health: antibiotics; transplants of organs; medical oath, cardiology, obstetrics and pediatrics; microscope; X-ray and preventive immunization.

Photo: Carlos David Bichara



Participants of the parade of the samba school Empress Leopoldinense in carnival 2011

In the next month was performed a cultural trip, which was planned in order to enjoy the Easter Holiday week. The tour was accompanied by experts in Greek history, the cradle of the world civilization, and helped to know mythology, history, culture and, after all, the legacy of the Hellenic world to the world civilization. It started in Athens, with a visit to the Acropolis, the most important archaeological site in Greece, with its Monumental sculptu-

res and temples. Complementing the day, was seen the modern and bold Acropolis Museum.

Then visit was conducted to the Corinth Chanel, the ruins of the ancient city and the local museum, where there is a room with archaeological finds from the Shrine of the God Asclepius (God of Medicine). The next step was the island of Santorini and then the island of Kós, the highlight of the journey, where is the tree *Platanus*

Photo: César Teixeira/AMB



Platanus orientalis, under which Hippocrates taught medici



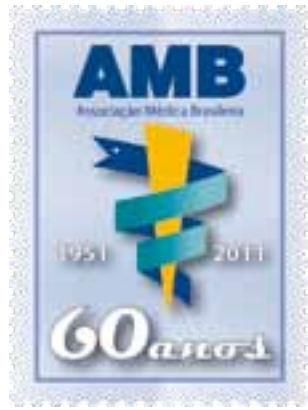
Photo: César Teixeira/AMB

Group of doctors in the ruins of Asclepius: 1-Airton Moraes; 2-Cléa Bichara; 3-Paulo Toledo Machado; 4-Denise Garcia; 5-Hélio Barroso; 6-Carlos Bichara; 7 and 8-Fausto and Vera Nasser; 9-Joselma Alves; 10-Maria Cristina Lima; 11-Edna Sbrissa; 12-Edo Haffeman; 13 and 14-Vera and Armando Bezerra; 15-Ana Lucia dos Santos; 16 and 17-Leda and Dario Garcia; 18-José Savio Barros; 19-Hermelinda Cruz; 20-Suzete Mayo; 21-Marialva Araújo; 22-Bárbara Barroso; 23-Claudio Grisólia and 24-Rosane Haffeman

orientalis, considered the oldest in Europe. It was at its shadow that Hippocrates (460 a.C.) taught medicine to his disciples. There was still time for a visit to the Temple Asclepius of Kos, a historic complex that includes the first Medical College in the world. Also in June, the Cultural Department closed the entries for I National Contest of Tales and Chronicles, with free participation, restricted to associates of AMB.

The stamp and logo commemorative of the 60 years of AMB have been developed under the supervision of the Cultural Department; they stamp the correspondence of AMB in 2011.

In this book, that celebrates 60 years of existence of the entity, the Cultural Department acted as organizer and coordinator of the actions. The rescue of history since 1951, the actions of the entity with gre-



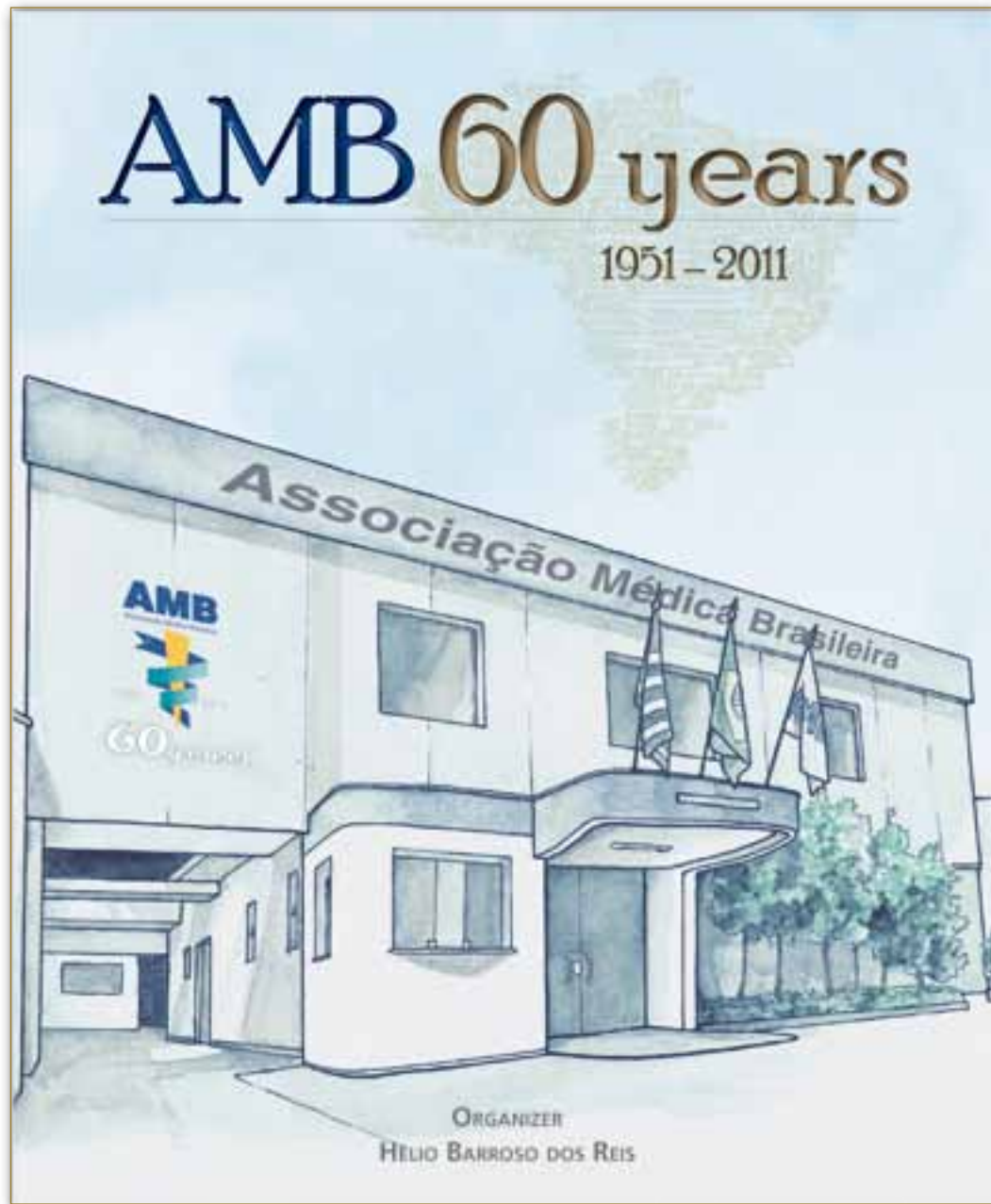
Stamp commemorating the 60 years of AMB - Feb/2011

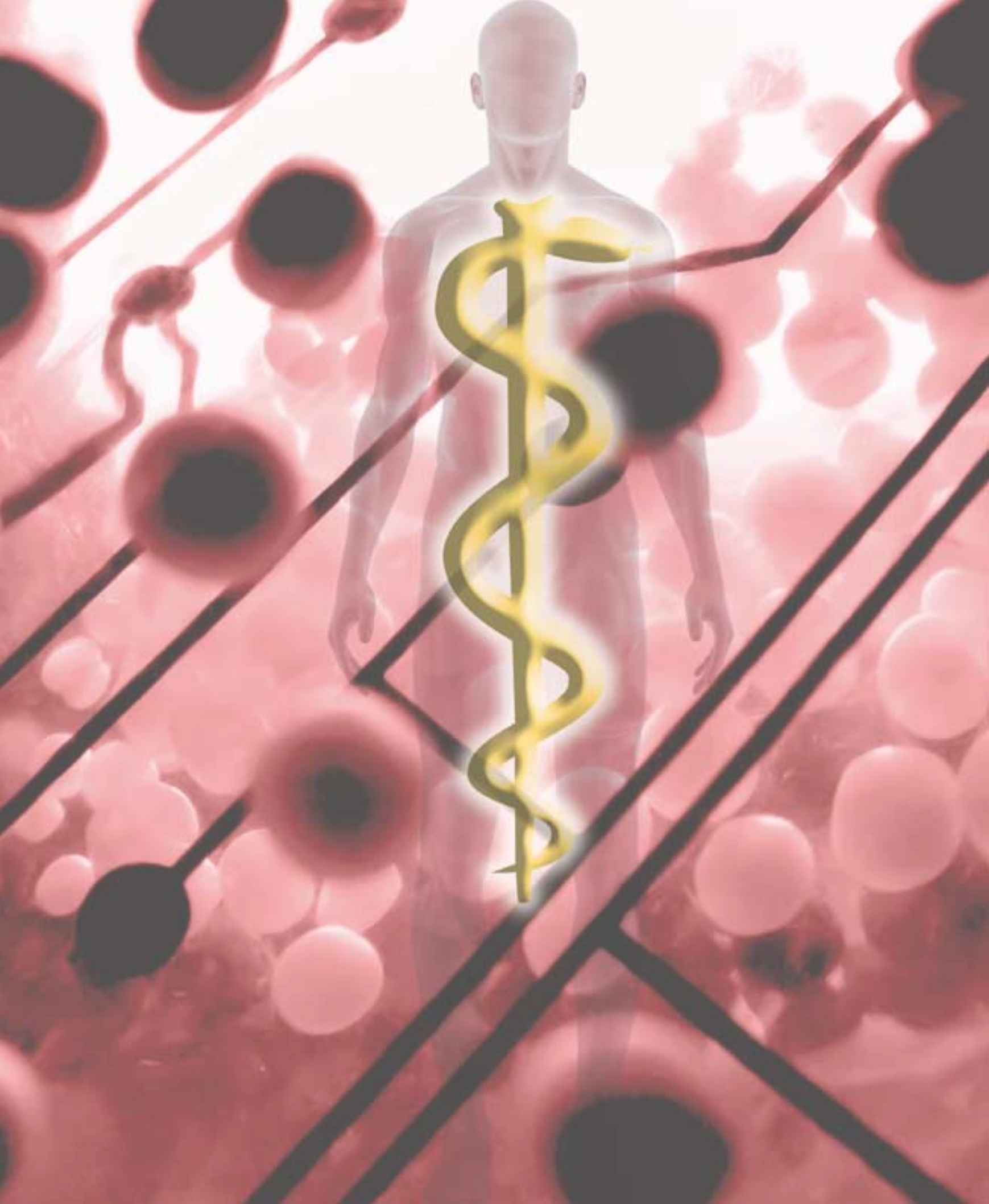


Logo commemorating 60 years of AMB - Feb/2011

at social impact, the continuing medical education, the elaboration of medical guidelines and the hierarchical classification of procedures as the basis of any medical

remuneration; the major political defenses, the future actions and the vision of other medical entities will be immortalized in this historical work.







Tomorrow

Chapter X

POSITIONS, CAREER AND REMUNERATION PLAN - PCCV

José Carlos Raimundo Brito



Positions, Career and Remuneration Plan - PCCCV

The Unified Health System (SUS), consecrated in the Magna Carta in 1988, constitutes, undoubtedly, the greatest achievement and greatest asset of the Brazilian people in social terms.

Twenty-one years after its creation, surely still young but walking to maturity, SUS celebrates indisputable progresses, but with huge challenges to be overcome. Among them, the most important and responsible for the countless distortions of the System: the lack of a human resources policy and management of work, able to attract qualified professionals to the sector.

Over those years, many federal programs have been created, which require increasingly skilled professionals: Family Health Program (PSF), Support Nucleus for Family Health (NASF), Centers for Psychosocial Care (CAPS), Emergency Unit (UPA) and the Mobile Emergency Care Service

(SAMU). In each one, the central figure of the care is represented by the doctor, a general practitioner, pediatrician, psychiatrist, surgeon, orthopedic surgeon and the intensivist. However, these professionals are not available, easily, for public service. By way of illustration, let us take the PSF, today, the Family Health Strategy (ESF). Pillar of public health, it is estimated that 80% of the health care needs can be resolved with a primary attendance. The more empowered and improved this model, lower is the need for specialized care, emergency and hospital admissions.

Fifteen years after its creation and recognized as the most effective strategy of primary attention of promotion and health care, in practice, ESF presents, nationally, enormous difficulties related to hiring and fixing professionals - especially doctors - in hinterland, in the most dis-

tant regions and, also, on the outskirts of the capitals.

This is a problem of great complexity, which can be related to several factors: labor market, conditions of work, work prospects in locations with low development index (IDH) and, of course, the lack of a career. In the hinterland, mainly in small municipalities, there is a genuine dispute over the hiring of doctors, with offers of exorbitant salaries, far beyond the financial capacity of these federal entities.

Thus, there is a real distortion, consisting of a system of high wages and low requirement, without the professional capability been taken into consideration. The precariousness of labor relations and the politicization of health actions are, unfortunately, obstinate, not existing, as a rule, a policy of stabilization of the professional. In this respect, after municipal administration changes, teams are rarely maintained, what mischaracterizes and weakens EFS. In big cities and capitals, violence has hampered the nomination of professionals in the outskirts, exactly where the population is more deprived of the services of primary health care.

According to AMS-IBGE (2005), the health sector has more than two million

five hundred thousand jobs, and the public sector holds more than half of them - 56%, consolidated as the largest employer.

In the three spheres of government, the distribution of offices shows the following proportion: federal jobs (7%), state jobs (24%) and municipal jobs (69%). The private sector is complementary and holds 44% of jobs.

According to a research conducted in 2004 by the Conselho Federal de Medicina (Federal Council of Medicine), entitled "The Doctor and his/her Work", 98% of physicians were in activity, 1.7% did not exercise the profession, of which 0.8% were unemployed and 0.9% inactive. An additional and relevant information was that 82.5% of physicians in professional activity had more than one activity. These data are really significant. If, on one hand, we find with satisfaction that the numbers indicate a very low rate of unemployment, on the other, the fact that the majority carry multiple activities may suggest the need for salary supplementation.

That research aimed to know the opinion of the doctors about the changes occurred with implantation of PSF in their

regions. The evaluation was as follows: improvement of the job offer (74.6%), increasing quality of services (37.2%), increasing income (40.8%) and improvement of working conditions (19.5%). When assessed the opinion of doctors, about the priority of factors that ensure the effectiveness of PSF, the vast majority noted as a priority, the following: the employment contract (79.6%); a Plano de Carreira, Cargos e Vencimentos (Positions, Career, and Remuneration Plan) - PCCV (84%); remuneration (92%); infrastructure (92%) and conditions of work (93%).

In short, these figures indicate, unquestionably, that the implementation of PSF resulted in expansion of the work market. However, this research reveals the need of creation of an effective employment contract and a career to strengthen the sector. In addition, there is a need to improve the quality of services, working conditions and remuneration.

In turn, in a survey conducted by Fiocruz, was detected the need for changes in the training of professionals of health. The survey, involving 1004 students from 13 medical courses in Goiás, Tocantins, Alagoas, Paraná, Rio Grande do Sul and Rio de Janeiro, indicated that merely 5% of

the students want to work in small cities and only 12% believe that their Faculties take into consideration the needs of SUS in their curricula.

The medical representatives have insistently denounced concern about the subject. On May 28, 2010, took place in São Paulo, the National Forum in Defense of the Medical Work in SUS, organized by the Comissão Nacional Pró-SUS (National Commission Pro-SUS), formed by the National Medical Entities, the Associação Médica Brasileira (Brazilian Medical Association) - AMB, the Conselho Federal de Medicina (Federal Council of Medicine) - CFM and the Federação Nacional dos Médicos (National Federation of Doctors) - FENAM.

The aforementioned event was the scene of complaints about the serious consequences of underfunding SUS: inadequate work, devaluation of health professionals and lack of care to the needy population.

AMB's president, José Luiz Gomes do Amaral, in the mentioned Forum, made the following statement: "there is no shortage of doctors in Brazil, where there are more than 340,000 professionals willing to work. What occurs is that lack doctors in public service, which is not

properly equipped". He also points out four essential factors that can be fully implemented within the public service for fixing of doctors in the cities, which are: resoluteness, responsiveness, possibility of professional development and appropriate enhancement.

It is well known that the valuation of the worker should be achieved through a PCCV that will facilitate the development of his career. The PCCV of the professionals of health materializes the recognition of the importance granted to all servers of health, enacting an effective right, acquired in the development of its activities, in the course of professional practice, where each one represents a part of a big driving gear in the production of health services offered to the population.

PCCV is not intended only to regulate individual legal relations, but also to establish an organizational logic to offices at different levels of professional graduation, resulting in the collective and SUS organization. SUS is established, however it is necessary to have the political will to propel it. The need for improvement and correction of a series of distortions is a reality. For this reason, we think to be inevitable the strengthening and adequacy of health financing, with a transparent, ethical and efficient administration, irrigated with a policy of valuing and capacity building of the professional, who will feel increasingly attracted, mainly for the public service, providing thus the materialization of the constitutional principle of universality with comprehensive and decent attendance to the whole population.

Chapter XI

ORDEM DOS MÉDICOS DO BRASIL (THE BRAZILIAN ORDER OF DOCTORS) - SINGLE ENTITY: DREAM OR POSSIBILITY?

José Luiz Gomes do Amaral – AMB President

Roberto Luiz d'Avila – CFM President

Cid Célio Jayme Carvalhaes – FENAM President



Ordem dos Médicos do Brasil (The Brazilian Order of Doctors) - Single Entity: Dream or Possibility?

AMB Vision

Undoubtedly, the union of physicians around a single representative body, with unique voice, unique defined objectives and a single strategy for achieving them would make us stronger and would increase our chances to achieve our goals.

The multiplicity of organizations, however, does not bring additional weight, but a potential of fragmentation. This is the reality in which we are today, in which we seek, with dedicated effort, to overcome such weakness and treat our goals in a harmonious and efficient way. Which are the difficulties for unifying the Brazilian medical representation? We could create a single entity that brought together the defense of ethics and supervision, now done by the Regional Councils, that would develop actions in favor of better training,

graduation, post-graduation and clinical practice, a task of Medical Associations, and that this entity had formal authority to enforce its resolutions.

This is certainly possible, but what seems to us a more remote possibility is the aggregation, in this nucleus, of representations of trade unions. This representation is referred to in the labor legislation, and to withdraw the trade union from within the medical sector, perhaps it would place us in a rude and questionable position of being classified as the only profession in the Country without union representation.

The Medical Association is characterized by total independence, a legitimacy which derives from the freedom of adhesion and, as a free entity, it is not liable to political party

pressures, is therefore immune to external influences to the medical corporation. It has representation due to the free membership, is independent because it limits its representation to the corporation. Councils are autarchies, therefore an extension of public power, and this gives them some limitation. Otherwise, the Unions have affiliation to unions representing interests other than necessarily only those of the medical class. These are differences that separate us and obstacles to the creation of a single entity.

On the other hand, the Councils too do not have the same freedom of the Medical Associations with respect to the modification of their institutional structures. So, would be essential to change the legislation that ensures support to the Councils of Medicine. To do this will require a new legislation to meet our expectations. However, it hardly would go through the National Congress without being influenced from outside the medical corporation, so it would be difficult to predict the ultimate outcome of this

project of law. We see today, in many places in the world, how self-regulation of Medicine is being questioned and attacked. In several countries, even some in the developed world, the doctors lost their self-regulation and their unions suffer the influence of other sectors. Therefore, it would be inevitable that such pressures would come to manifest during the course of a bill that may change the structure of the Councils, transforming them in an "Order of Doctors".

Thus, the creation of an "Order of Doctors", at that moment, seems difficult, even though desirable. To achieve this we should join the society and change the legislation that today provides the basis to the actions of the Medical Councils. Doing so in order to meet the interests of the society and the development of Medicine, will be an enormous task. A challenge worth facing, but, of course, it would require an absolute convergence of thought of Brazilian physicians in this direction; unfortunately, today we are still far from that degree of understanding.

Ordem dos Médicos do Brasil (The Brazilian Order of Doctors) - Single Entity: Dream or Possibility?

CFM Vision

In the early 1990s, in last century, returned the idea of a single medical entity. In fact, this dream cherished many doctors even before the existence of the Medical Councils, but it was never more than a dream. In Belém, Pará, in the 1950s, the Associação Médica do Pará (Medical Association of Pará) already fought for a Brazilian Order of Doctors.

The three major national medical organizations were born at different times. The unions were created first, early in last century, then the medical association and finally the Councils, in 1957. The unions were created through a union letter, the medical association by free association of its members, and the Medical Councils by Federal law.

All three have different purposes and objectives, besides attributions that do not get mixed.

In 1997, in Santa Catarina, innovatively was created the Conselho Superior das Entidades Médicas de Santa Catarina (Superior Council of Medical Entities of Santa Catarina) - COSEMESC, linking the three entities (Catarinense Association of Medicine, Regional Council of Medicine and Union of Doctors), only from the functional point of view, but not of law. The process was very simple: a monthly meeting with agenda determined by the three entities, with annual rotation of presidency (the President of an Entity each year) and unique strategy to face the issues common to doctors, preserving the individuality of each entity.

Today, the example of Santa Catarina has been multiplied and, in many States of the Federation, the union of the medical

entities was made with the aggregation, inclusive, of the Academies of Medicine, reminding that the Academia Nacional de Medicina (National Academy of Medicine) was the first medical entity created in Brazil, with the name of Academia Imperial de Medicina (Imperial Academy of Medicine), in 1826.

I must also remember that the Councils of Medicine are federal autarchies, created by federal law by the National Congress, by initiative of the Executive Power. All this happened because, as this is an activity of professional supervision, with policing authority, the Councils can only act through state delegation, what requires a law, with prevision of disciplinary sanctions for ethical faults and collection of para-fiscal tribute (annuity). For this para-state activity, with compulsory registration of all practicing doctors, the Councils of Medicine do not provide information entrusted to them by force of law, except by explicit permission of each enrolled doctor. Therefore, the creation of a single entity, in law, is very difficult, due the need

to extinction of associations and medical societies, trade unions (which should continue to exist), with the creation of a new law. In Portugal, the Order of Doctors is not a single entity and even the Ordem dos Advogados do Brasil (Order of Lawyers of Brazil) - OAB is not a single entity, with still a kind of Association (Institute of Lawyers of Brazil) and union of lawyers.

Finally, it does not seem plausible the creation of a single entity of doctors in Brazil, at least at this time. We can continue working together with unique agenda and purposes, working together for the doctors.

The Conselho Federal de Medicina (Federal Council of Medicine) understands now that the most important is the conjoint work of the three major medical entities (AMB, CFM/CRMs and FENAM), as a single entity, in fact, than to be a single entity by law.



Ordem dos Médicos do Brasil (The Brazilian Order of Doctors) - Single Entity: Dream or Possibility?

FENAM Vision

The idea of a single medical entity that represents the interest of Brazilian doctors is not new. In the recent past, it is stimulated by the strength and mediatic presence of the Ordem dos Advogados do Brasil (Order of Lawyers of Brazil), paradigm of a single entity for most doctors. It is necessary to reflect on the reasons that base this intention and if the Order of Doctors attends these wishes.

The common sense among doctors sees the Conselho Federal da Ordem dos Advogados do Brasil (Federal Council of the Order of Lawyers of Brazil) as the sole representative entity of lawyers. Doctors do not recognize the existence of the Union of Lawyers; the Associations of Lawyers by acting area (or specialty); the Institute of Lawyers of Brazil (the precursor of OAB). Each entity takes care of part of interests

of fellow lawyers, although should be recognized the predominance of OAB with the constitutional prerogatives and the guaranteed revenue it has. Adjudicative action, technical support, security, provision of services, cultural, leisure activities and professional defense activities are performed by these entities with capillarity very similar to that of the medical entities. Undone this distorted view fed by many doctors, yet we can wish to unify organically the medical entities. To do so, we would have to modify the legal system and mitigate ethical values. Brazilian law guarantees to free professionals the maintenance of Professional Councils, which are autarchies with the delegated mission, in the interest of society, to monitor professional activity, investigate, prosecute and punish ethical crimes prac-

ticed by members of the category. The legislation also foresees the existence and the possibility of organizing entities in defense of the interests of corporations. The union organization is vertical, consisting of unions, federations and confederations. More recently, the central unions have joined, legally, the union structure. Of these entities, the unions have authority to represent, legally, the whole category, independent of membership. The economic results obtained by the unions in their struggles are extended to all members of the corporation, also independent of association. This juridical organization restrains that, with the current legislation, the same entity performs adjudicative action and defense of the corporation. Beyond the legal question, it must be asked: would it be ethical to constitute a federal autarchy that has, at the same time, the prerogatives to defend society through the control of the professional activity (adjudicative power) and authority to represent, claim and defend individual and collective interests of the category? Those duties are not totally antagonistic but certainly are conflicting. Would be confirmed the suspicions of society. We know that population, as a rule, even unfairly, attaches to the Medical Councils partial and biased judgments, influenced by "Medical Corporatism". Faced with the impossibility of merging the three national medical organizations, we

could examine hypotheses of the union of two of them. The merger between a public entity (CFM) and one of private law (AMB) would need specific legal provision. Bill to this effect could alter the law of Medical Councils and extend its prerogatives to take responsibility for the scientific updating and continuous education of doctors. Besides the legal issue, we would have to deal with the political problems derived from the need to merge the private heritage of the associations - perhaps of the specialty societies - with the public assets of the Councils. This is a formidable barrier to overcome.

The Order could be built from the outset by the merger of unions and associations. Nothing in the legislation prevents private entities to deliberate for their fusion. The new entity, the legal basis of union, would have the prerogatives and responsibilities currently performed separately by these two paths of the Medical movement. If there were the incorporation of the national specialty societies, we would have a very strong entity, with representation, capillarity, scientific basis and less financial cost for the category. Obviously, the political obstacles to this contract are immense.

After all, in substance, what the doctors want? They wish to have a strong representation, with visibility and which may obtain concrete results in defense of the corporative interests. They want better work

conditions; future perspectives; good salary and respect of society. The organic union of the Medical entities in a single entity, alone, does not guarantee the realization of these expectations. We have to examine the reality, from then develop strategies and processes that ensure the achievement of the cherished dreams by the category. Currently, doctors are organized to regulate the professional performance and oversee the good medical practice through the Councils; to care for their scientific updating through scientific societies; and to act in the representation and defense of their interests through the unions. They also organize themselves into cooperatives to confront the exploitation of the autonomous medical service. All these segments have recognized actuation in their specific competences and representation throughout the national territory. We understand that the problem is not the number of medical entities. The existing ones account well to the demands and specificities of doctors. We are not stronger by the lack of a conjoint and integrated action and the persistence of a pinch of personalism and patrimonialism in medical leadership, what makes difficult the real work together. What to do? What is the alternative to the single entity in pursuit of expected results by doctors? We understand that the alternative is the development of political and organizational

processes that lead to real unity of action of the medical movement.

The periodic realization of National Meetings of Medical Entities, with ample participation of the category bases, transformed in real Conferences, is one way. The form of execution must be given so that doctors start, effectively, to define the priorities of the medical movement and feel themselves committed with their achievement.

With the priorities set in this way, it would be responsibility of the national entities directions to send forward, in a unified way, the struggles to achieve the established objectives. To do so, it is imperative the regular meeting of the boards of these institutions for planning actions; to coordinate the execution of activities according to action plan; to monitor and periodically assess the results; to evaluate processes, comparing them with the plan; to act according to evaluated, eventually developing new plans of action to improve quality, efficiency and effectiveness, refining execution and correcting any eventual failures; working in a professional manner, using modern management tools. The result of the the work as proposed would surprise even the most optimistic medical leadership. Without the need for a single entity, we would become reality the dreams of Brazilian doctors.

Time Line

TIME LINE 1951 – 2011

César Teixeira

1951

- By the year when AMB was established, there were 18 Schools of Medicine in the Country: 13 federal, two privates and three states. In 1951 three others were created; the federal from Alagoas and Paraíba and the Minas Gerais Medical Sciences School
- In October, in Belo Horizonte, was held the first Assembly of AMB Delegates for elaboration and approval of the statutes and election of the first board
- In December, the Journal of the Paulista Medical Association published the full text of the AMB statutes approved at the meeting in Minas Gerais.
- AMB begins to have its headquarters at 9th floor of Paulista Medicine Association building
- Rio Grande do Sul Medical Association is founded -10/27/1951
- Mato Grosso Medical Association is founded – 9/22/1951

1952

- In January, one year after AMB foundation, the first number of its informative unit is published: BAMB – AMB Bulletin
- In December, Alípio Corrêa Netto, AMB President, meets the President of Brazil, Getúlio Vargas, and pleads salary readjustment for doctors acting in public service
- First contraceptive pill is produced
- First open heart surgery is successfully performed by John Lewis, in September 2, 1952, at Minnesota University Hospital, United States
- Amazonas Medical Association is founded – 12/15/1952
- The Brazilian Society of Angiology and Vascular Surgery is founded – 11/1/1952, in São Paulo, SP
- The Brazilian Society of Peroral Endoscopy is founded – 12/13/1952, in Rio de Janeiro, RJ



1953

- At the meeting of the Deliberative Council of the entity, held in January 30, in the city of Rio de Janeiro, the Ethical Code of AMB is approved
- In March is held a "Protestation Journey (Day of Protest)" against low wages paid in the public sector
- North American biochemical James Dewey Watson and British physicist Francis Harry Compton Crick discover DNA double spiral structure
- First cardiac surgery with extracorporeal circulation was successfully performed, in 1953, by American surgeons J. Gibbon and F. Abritten Jr.
- Petrobrás is created
- The Ministry of Health is created

1954

- In March AMB publishes the first edition of the Journal of AMB. Its initial printing was 14 thousand copies
- In October, during the Annual General Assembly, held in São Paulo, AMB decides a new movement of protest set to Brasília
- Jonas Salk introduces a vaccine against poliomyelitis, which would be improved by Albert Sabin
- Albert Sabin tests the first oral vaccine against poliomyelitis
- Hilton Rocha performs the first cornea transplant in Brazil
- Founding of the Society of Physical Medicine and Rehabilitation – 9/9/1954
- Founding of the Brazilian Society of – 8/5/1954



1955

- In October 15, 1955, Professor Hugo João Felipozzi performed in Brazil the first open surgery on the pulmonary valve using an extracorporeal circulation equipment (cardio-pulmonary bypass)
- Nereu Ramos decrees state of siege, in force until the inauguration of Juscelino Kubistchek
- Juscelino Kubistchek is sworn President and announces his intention to transfer the Federal Capital to the Central Plateau
- Jânio Quadros is elected Mayor of São Paulo
- Argentina's military coup overthrows President Juan Peron
- URSS signs agreement for withdrawal of Austria

1956

- Brazilian Society of Cytopathology is founded – 9/1/1956
- American physician Dickinson W. Richards, with André Frederic and Werner Forssamann, receives Nobel Prize for discoveries related to heart cauterization and pathological changes in the digestive tract
- AMB carries out in Ribeirão Preto (SP), 23-27 October, the First Congress of the AMB
- Brazil gives permission for the installation of a USA military base in Fernando de Noronha
- Doctors Jo Hin Tjo and Albert Levan announce that the number of human chromosomes is 46, consisting of 23 pairs
- Egyptian President Gamal Nasser nationalizes Suez Chanel



1957

- AMB begins the year with a campaign against Ordinance 112, responsible for the reduction of salaries of doctors working in the public service
- Brazilian Society of Neurosurgery is founded – 7/26/1957
- Beginning of space war between USA and USSR: while soviets launched Sputnik 1 and 2, USA sent Explorer to space
- Furnas Electric Central is created
- Under the direction of Oscar Niemayer and Lúcio Costa begins the construction of the future Capital of the Country

1958

- During the Assembly of Delegates at the end of the year, in São Paulo, AMB approves Internal Regulation for the regulation of its Scientific Departments
- American Joshua Lederberg receives Nobel Prize for studies about genetics recombination and bacterial genetics
- Begins the production of fusca in Brazil
- Inaugurated the Ford assembly plant in São Bernardo do Campo
- Alvorada Palace in Brasília is inaugurated
- João Gilberto launches a compact which is regarded as the milestone in the history of Brazilian music, Bossa Nova
- On June 29, with a victory by 5 to 2 on Sweden, Brazil conquers its 1st World Football Title



1959

- Founded the Brasília Medical Association – 2/6/1959
- Founded the Brazilian Society for Surgery of the Hand – 6/17/1959
- Founded the Federation of the Societies of Gynecology and Obstetrics – 10/30/1959
- Founded the Brazilian Society of Mastology – 5/16/1959
- The team of Adib Jatene creates the first artificial heart-lung in the Country
- The II AMB Congress is carried out from September 29 to October 4, in Belo Horizonte
- In December 1959, BAMB begins to replace AMB Newsletter
- SUDENE is created
- Begins the shuttle RIO-SP

1960

- Founded the Brazilian Society of Nephrology - 8/2/1960
- Australian Frank Burnet receives Nobel Prize for study on acquired immune resistance in transplanted tissues
- AMB's President, Moniz de Aragão, is the first Brazilian to preside over the World Medical Association
- Commercialization in USA of contraceptive pill
- Brasília is officially inaugurated
- National census reveals that the population of Brazil is 70 millions inhabitants
- Inaugurated the Morumbi Stadium, in São Paulo



1961

- Founded the Brazilian Society of Geriatrics and Gerontology – 5/16-1961
- During the XV Assembly, 15-20 September, in Rio de Janeiro, Moniz de Aragão is installed as President of World Medical Association
- Berlin awakes divided by a wall
- Jânio Quadros resigns as President of Republic and Vice-president João Goulart assumes his place
- Constitutional Amendment no 4 adopts Parliamentarism
- Begins USA economic embargo against Cuba, where Fidel Castro proclaims the Country as Socialist Democratic Republic



Prof. Antonio Moniz de Aragão, Presidente da AMB e Presidente-Eleito da WMA

1962

- Founded the Brazilian Society for Medicine of Sport – 11/18/1962
- Founded the Brazilian Society of – 5/5/1962
- Number 80 edition converts BAMB – AMB Bulletin to JAMB
- Hawaiian sandals are launched
- Beatles launch the album “Love me do”
- Created the Ministry of Planning
- Campinas State University is created by Governor Laudo Natel
- Algeria becomes independent after 133 years of French occupation



1963

- Founded the Brazilian Society of Homeopathy – 3/15/67
- Research on the transmission of nervous impulse along nervous fiber guarantees the Noble to Australian physician John Eccles
- Hugo João Felipozzi deploys the first cardiac pacemaker, in the Santa Casa de São Paulo
- North-American Ellis De Bakey uses for the first time a mechanical heart to assure blood circulation during cardiac surgery
- AMB launches campaign of 10 thousand members for DAP – Department of Assistance and Providence
- AMB holds its III Congress in Fortaleza, 20-25 October

1964

- Founded the Brazilian Society of Pediatric Surgery – 1/30/1964
- Foundation of the Medical Association of Amapá – 5/5/1964
- Euclides Marques performs the first member implant (an arm) in the Country, in Clinics Hospital in São Paulo
- First artificial valve is built in Dante Pazzanese Institute, in São Paulo
- In January begins a campaign for equalization of the wages of federal public institutions doctors to those of public attorneys
- Military coup overturns João Goulart, who had assumed two years before, and cancels mandate of 39 politicians
- Created the SNI – National Information Service
- Opened the field of rockets Hell's Barrier (Barreira do Inferno), in RN



1965

- Founded the Brazilian Society of Clinical Physiology – 8/14/1965
- Campos Freire, head of the Urology Service at Clinics Hospital, in Sao Paulo, performs the first kidney transplant in the country
- Held in Porto Alegre from 24 to 29 October, the IV Congress of the AMB
- Intellectuals launch manifest for the restoration of democratic freedoms and individual rights
- Rolling Stones launch their first compact
- First American bombing in Vietnam
- British fashion designer Mary Quant, proprietor of the store Bazaar, launches mini-skirt
- President Lindon Johnson signs law assuring the right to vote to black Americans

1966

- Founded the Brazilian Association of Psychiatry - 14/08/66
- The American Francis Rous receives Nobel for the development of research on causes and treatment of cancer
- Is created in São Paulo, by Adib Jatene team, the first implantable pacemaker
- In a telegram sent to President Mal. Castelo Branco, AMB starts a campaign for the implementation of free choice as the best form of remuneration to liberal medicine
- Created the National Institute of Social Welfare – INPS
- Fire destroys TV Record
- Starts the movement named Young Guard, with Roberto Carlos being proclaimed King of "yeh-yeh-yeh"
- Experimental workshop in the Institute of Cardiology, in São Paulo, builds an artificial kidney

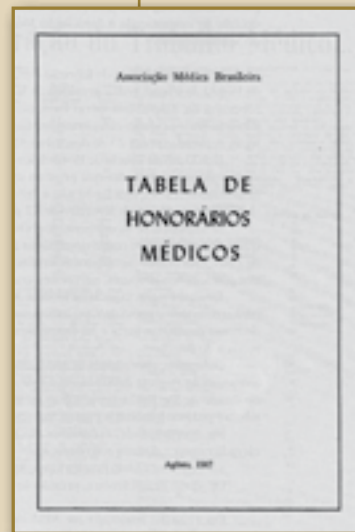
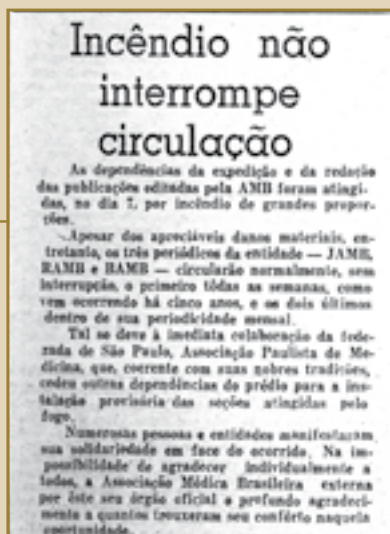


1967

- Founded the Brazilian Society of Hepatology – 11/24/1967
- Founded the Brazilian Society of Head and Neck Society – 12/8/1967
- Founded the Brazilian Society of Legal Medicine -10/20/1967
- In Cape Town, South Africa, South-African surgeon Christiaan Nethling Barnard performs the first heart transplant in the world
- The April issue of JAMB brings note with entity's intent to use Medical Fees Table
- In June 7, a fire in the sectors of expedition and editorial, virtually eliminates entire file of AMB
- In October 23, AMB announces the publication of its Medical Fees Table as a necessary way to implant free choice system in health attendance

1968

- The V Congress of AMB is held in Caxambu (MG), from 6 to 11 November
- Founded the Brazilian Society of Medicine of Labor – 3/26/1968
- Argentine doctor René Favaloro performs the first coronary bypass surgery, in Cleveland (United States)
- Adib Jatene implants the first coronary bypass in Brazil
- First heart transplant in the Country is performed by Doctor Euryclides de Jesus Zerbini in FMUSP Clinics Hospital
- First artificial heart is implanted by Adib Jatene team
- Euryclides Zerbini team performs 1st cardiac transplant in the Country and in Latin America
- Edited Act AI5, which closes the National Congress, instituting dictatorship in the Country
- Stops running the last tram line in São Paulo: Biologic – Sto Amaro



1969

- In July, aiming to avoid the declining quality of medical education in the Country, AMB sends a letter to President Costa e Silva revealing its apprehension about the subject of medical education, the proliferation of Medical Schools and the expansion of places
- In defense of medical education quality, AMB publishes in JAMB the minimum requirements for the opening of Medical Schools
- In November 17, is installed Pedro Kassab, the President with more terms ahead of AMB
- Thousandth goal by Pelé at the Maracanã, against Vasco da Gama
- American Neil Armstrong is the first man to walk on the moon
- Experiments in USA would create internet

1970

- Peter Duesberg and Peter Vogt discover first gene linked to cancer in a virus (SRC)
- Torbjorn Caspersson and Lore Zech discover a way to dye human chromosomes. For the first time can be distinguished one chromosome from another
- Hamilton Smith isolates an enzyme that cuts the strands of DNA. That molecular scissor allows DNA recombination
- In March, AMB proposes the suspension of creation of new Medical Schools and the institution of an examination for the graduating in Medicine, in order to raise the standard of care
- Begins in TV Gazeta, S. Paulo, AMB's Program "Health – Priority 1"
- Brazil is, for the 3rd time, World Champion of football
- Census shows Brazilians are 93 millions



1971

- Held in the city of Garanhuns, Pernambuco, the VI Congress of AMB
- AMB carries out, through the year, the 1st Basic Enhancement Course for Field Staff, involving all recognized medical specialties
- Appears in USA the first personal microcomputer
- Marshal Tito is the first communist Chief of State officially received by Pope
- China is accepted as UNO member
- Astronauts David Scott and James Irwin make the first motorized ride on the lunar surface

1972

- The construction of the first CT scan machine occurred in 1972, at "THORN EMI Central Research Laboratories", England, by Godfrey Newbold Hounsfield
- A British pair of doctors, Gerald Adelman and Rodney Porter, receives Nobel for studies about antibodies
- Hugo João Fellipozzi team implants, for the first time in Latin America, a pacemaker with atomic battery
- Unimed Paulista Cooperative signs its first agreement with AMB
- Homage to Jairo Ramos, one idealizer of AMB creation
- Transamazonica is inaugurated
- Created the first e-mail program
- Begins color transmission in Brazilian TV



1973

- Founded the Brazilian Association of Nutrition - 04/13/73
- Stanley Cohen, Annie Chang and Herbert Boyer successfully transfer DNA from one kind of life (virus) to another (bacterium), producing the first organism with recombinant DNA
- Edward Hoffman and Michael Phelps develop the PET equipment (Tomography by Positrons Emission) at Washington University (USA)
- Takes place in Rio de Janeiro, from 4 to 10 January, the VII Congress of AMB
- Signed the contract for the acquisition the current BMA Headquarters
- AMB performs statute reform. Among innovations are the creation of the Scientific Council and redistribution of the political map of entities by regions



1974

- Echocardiography is introduced in diagnostic services
- M. E. Phelps, E. J. Hofman and M. M. Ter Pogossian develop the first tests with PET (Tomography by Positrons Emission)
- After 23 years in the building of the Paulista Association of Medicine, AMB moves to its own current headquarters at São Carlos do Pinhal Street, 324
- Previous censure in radio and TV
- Rio-Niterói Bridge is inaugurated
- Inaugurated in São Paulo the first Metro section (Jabaquara-Vila Mariana)
- Signed minutes of the constitution of the Hydroelectric Itaipu



1975

- Founded the Brazilian Society of Digestive Endoscopy - 07/25/75
- Founded the Brazilian Society for Parenteral and Enteral Nutrition – 9/13/1975, Petrópolis, RJ
- The theme tumor viruses and their interaction with the genetic material of cells, ensures the Nobel Prize in Medicine to American David Baltimore and Italian Renato Delbecco
- Surgeon Adib Jatene performs the surgery of transposition of big arteries, latter known worldwide as “Operation of Jatene”
- AMB proposes the creation of State Commissions of Fees as a way to fight mercantilism in Medicine
- Pedro Kassab is elected President of World Medical Association during the entity’s XIX Assembly in Tokyo
- Proalcohol is launched

1976

- The Brazilian Association for Preventive Medicine and Health Administration is founded - 11/27/76
- The Medical Association of Rondônia is founded - 08/14/76
- The Medical Association of Acre is founded - 06/21/76
- In February, AMB celebrates the 25th anniversary of the entity with solemnity at the Government Palace of São Paulo State
- From 25-30 October, at the Palace of Anhembi, in São Paulo, held the 8th Brazilian Congress and 1st World Congress. At the time, Pedro Kassab was installed as president during the realization of the 30th Assembly of the WMA



1977

- French doctor Roger C. Guillemin wins Nobel Prize for the development of studies about the production of peptide hormones by the brain
- Fred Sanger, Walter Gilbert and Allan Maxam discover a method of sequencing pairs of DNA base. Researchers obtain the first human protein produced by a bacterium
- The first CT scanner in Brazil was installed in São Paulo, at the Hospital of the Royal and Worthy Portuguese Society of Beneficence
- AMB begins work for the elaboration of a new table of fees and creates a commission for study of the AMB exam for professional qualification
- National Congress approves divorce

1978

- The Brazilian Society of Otorhinolaryngology and Facial Surgery is founded – 11/21/78
- Created the Alma Ata Declaration – in the International Conference on Basic Health Care
- Appears the first case of AIDS in Americas
- First test-tube baby is born in Bristol, England, July 25, 1978, by the hands of British doctors Robert Edward and Patrick Steptoe, at Bourn Hall Clinic, Cambridge
- Held the AMB exam for professional qualification, with tests in four states: S. Paulo, Santa Catarina, Rio Grande do Sul and Paraná
- Released the new table of medical fees with an innovation: CH – coefficient of fees, a multiplication for codes of procedures



1979

- The Physics Department of the Pontifical Catholic University of Rio de Janeiro announces the development of magnetocardiography, to replace electrocardiography in measuring the heart magnetic field
- Is held in Niteroi, August 12 to 17, with the presence of Albert Sabin, the 9th Congress of AMB
- Created the State of Mato Grosso do Sul
- President Figueiredo sanctions the Law of Amnesty, benefiting about 4,700 people who had been repealed, imprisoned or exiled
- Margareth Thatcher becomes the first woman to exercise the office of England's Prime-Minister
- USSR invades Afghanistan, while Israel and Egypt sign a peace deal

1980

- Founded the Brazilian Society of Infectious Diseases is founded – 1/30/1980
- Founded the Brazilian Society of Medicine of Traffic – 8/19/1980
- Founded the Brazilian Society of Intensive Medicine – 11/10/1980
- American Baruj Benacerraf and French Jean Dausset receive Nobel Prize for discoveries about the structures on the cellular surface that regulate immune reactions
- The team of American scientist Robert Gallo describes the first of retroviruses that infect humans, HTLV (human T cells leukemia virus), that is deadly and leads to lower limbs paralysis
- Issue no 1000 of JAMB is printed
- Conducted in 21 state capitals of the Country the Exam AMB of professional qualification
- Census reveals Brazil has 119 millions inhabitants



1981

- Founded the Brazilian Society of Family and Community Medicine -12/05/1981
- Official discovery of Acquired Immune Deficiency Syndrome
- Roger Sperry wins Nobel Prize of Medicine for description of cerebral hemispheres functions
- Scientists from the Ohio University produce the first transgenic animals, by transferring genes from other animals to rats
- Euripedes Ferreira performs successfully the first bone marrow transplant in Latin America, at Clinics Hospital, Federal University of Paraná
- On March, 30 AMB triggers the "National Day of Protest" to draw attention for the very bad working conditions of doctors in public service and the devaluation of remuneration
- AIDS is officially recognized as a disease



1982

- Retired dentist Barney Clark is submitted, in United States, to the surgery of implantation of Jarvik artificial heart, designed by physician Robert Jarvik. Patient survived 112 days
- The team of Erney Camargo, at Paulista School of Medicine, produces antibodies able to neutralize the causative agent of Chagas Disease
- AMB presents to MEC its proposals for medical education and residency
- On September 14, AMB launches the National Day against smoking
- Direct elections for Governors are carried out
- Start of the Falklands (Malvinas) War between Argentina and England
- Inaugurated the first Brazilian nuclear power plant, Angra I



1983

- For his studies about the immune system and the discovery of the principle governing the production of monoclonal antibodies, British doctor Niels Kaj Jerne receives Nobel Prize
- French Luc Montagnier, of Institute Pasteur, announces the discovery of HIV, the virus of AIDS
- The November issue of JAMB November shows a new format, abandoning the traditional tabloid and starting to be printed in a standard model
- The creation of the State of Tocantins is approved
- Created the Single Central of Workers - CUT



1984

- Founded the Rio de Janeiro Society of Medicine – 9/01/1984
- Founded the Brazilian Society of Cardiovascular Surgery – 12/07/1984 – Rio de Janeiro, RJ
- The first baby from a frozen embryo is born in Australia
- On October 7, is born in Curitiba the girl Ana Paula, the first test-tube baby in South America
- Adolfo Lutz Institute photographs HIV virus for the first time in Latin America
- AMB signs manifest “Direct Elections Now”, a movement for the return to direct elections for choosing of President
- In October, AMB launches THM 84
- Movement “Direct Elections Now” in RJ and SP



1985

- For their discoveries concerning the regulation of cholesterol metabolism, Americans Michael Stuart Brown and Joseph Leonard Goldstein receive Nobel Prize
- Performed the first heart transplant, in the world, in a patient with Chagas Disease, by Doctor Euryclides de Jesus Zerbini
- Created the technique of Polymerase Chain Reaction (PCR), which allows the production of billions copies from a DNA fragment
- AMB participates in the National Meeting of Medical Entities and endorses public service physicians demand for salary equality with physicians who work in INAMPMS
- Year marks the end of military regime command in the Country
- Sony and Phillips Companies create CD-ROM
- New York police identifies a new drug, named crack

1986

- Founded the Brazilian Society of Medical Genetics – 7/15/1986
- Neurologist Ratia Montalcin receives Nobel Prize for discoveries about the growth factors of cells and organs
- Tony Monaco and Louis Kunkel identify the genetic defect responsible for Duchenne Muscular Dystrophy
- To commemorate its 35th anniversary of founding, BMA launches campaign of expansion social
- President Sarney launches Cruzado Plans 1 and 2
- Severe nuclear accident in Chernobyl Plant, in USSR
- Space shuttle Challenger explodes after launching



1987

- In Rio de Janeiro, Bernardo Galvão team, Department of Immunology in Oswaldo Cruz Foundation (Fiocruz), isolates for the first time in Brazil HIV-I vírus, giving the Country conditions to produce its own kits for diagnosing the disease, test drugs and try to develop vaccines
- AMB begins the year readjusting CH and, in March, launches THM 87th edition
- In May, as a way to combat the rampant inflation in the Country, AMB decides to readjust CH every three months
- In September, at an official solemnity, AMB presents its completely reformed headquarters
- Economic team launches Bresser Plan
- Begins intifada, Arabian revolt in Gaza Band (Strip)

1988

- Founded the Brazilian Society of Digestive Surgery - 07/22/1988
- Founded the Brazilian Society of Medical Skills - 10/27/1988
- Adib Jatene performs the first cardiomyoplasty surgery
- Silvano Raia performs, for the first time in the world, donor liver transplantation
- José Pedro da Silva performs the first conjoined transplant heart-lung in Brazil
- Approved the 8th Constitution of Brazil
- War Iran-Iraq comes to an end
- Catholic Church admits that the Holy Sudarium was produced in the 14th century



1989

- Creation, in Albert Einstein Hospital, São Paulo, of the first sperm bank in the Country
- Fiocruz identifies and synthesizes, for the first time in Brazil, an antigen (a substance that activates body's immune system) specific for Chagas Disease causative parasite
- Founded the Brazilian Society of Internal Medicine – 3/16/1989
- Nobel Prize is awarded to Harold Elliot Varmus, from United States, for discovering the cellular origin of retroviral oncogenes
- AMB creates the 1st Contest for Prose and Poetry to associates
- In July, AMB holds in Aracaju, the 1st National Forum of Medical Education
- AMB implements the process of computing in the entity
- AMB creates the Medical Club, an association formed by all its federates, aiming to offer doctors support in the security area
- Fall of the Berlin Wall
- Launched a new economic plan: Summer Plan
- Brazil registers the last case of poliomyelitis in the Country



1990

- Nobel Prize in Medicine is awarded to Americans Joseph Edward Murray and Edward Donnall Thomas, for studies on transplantation of organs and cells in the treatment of human diseases
- Beginning of the Human Genome Project, which has as its objective to map, until 2005, nearly 100 thousand human genes
- Enters into operation the first artificial heart developed in Latin America, in the Division of Bioengineering of the Heart Institute (InCor), in São Paulo
- AMB launches the Medal of Medical Merit. The first winners were Adib Jatene (scientific category) and Nelson Proença (Professional Defense)
- Brazil faces another economic plan: Collor Plan



1991

- Is inaugurated in São Paulo the first bank of bone marrow in Latin America
- AMB commemorates the 40 years of the entity with the inauguration of the Gallery of Presidents at the headquarters, in a space dedicated to pictures of former presidents.
- On May 8, AMB conducts the "National - Mobilization's - Day Stop", showing its indignation at the unjust conditions of remuneration – journal SPECIAL
- In October, makes the presentation of awards of the 2nd Contest of Prose and Poetry and 2nd Medal of Medical Merit
- Begin to work in Brazil the Internet access lines
- Falls the Berlin Wall and Germany is unified again
- USSR is extinct
- The government launches Collor Plan 2

1992

- It is possible to assess fetal malformations, with Nuchal Translucency
- The Federal Council of Medicine approves rules to regulate in vitro fertilization in Brazil
- Medical team from USA and Japan, headed by neurosurgeon Chikao Nagashima, performs first reconstructive surgery for spinal cord
- USP constructs the first CT scanner with national technology
- AMB starts the year with a campaign for better conditions in public health
- Instituted the AMB Prize of Medicine and Journalism; AMB carries out a new edition of the Medal of Medical Merit
- AMB holds entity's 11th Congress in São Paulo
- AMB inaugurates its office in the Federal District
- Congress approves impeachment of President Collor



1993

- Doctor Patrick Soon-Shiong, of the Medical Center St. Vincent, USA, makes the first implant of an artificial pancreas for the treatment of diabetes
- British isolate genes of the spermatozoid. The finding could lead to new contraceptive methods and treatments for male infertility
- Team of the Harefield Hospital in England, led by surgeon Magdi Yacoub, makes the first double transplant of heart and bone marrow in the world, in a six months old baby
- In commemoration of its 42 years, AMB delivers prizes of the 3rd Contest of Prose and Poetry
- The February issue of JAMB is printed for the first time in colors
- In November, are delivered the II Award of Medicine, the Medal of Medical Merit and the AMB Award of Journalism
- Cruzeiro Real is the new plan to reduce inflation in the country
- Mobile cell phone arrives in Brazil



1994

- In São Paulo, January 28-29, is held for the first time the I National Forum of Medical Specialties
- Held in September the 12th edition of AMB Congress
- Awarded, in November, the prizes of the Contest of Prose and Poetry and of Journalism
- AMB promotes, in Fortaleza, the National Forum for Medical Table of Fees
- Government launches a new plan in its intent to curb inflation: Real Plan
- USA market for the first time transgenic food
- Brazil is world champion of football for the 4th time
- Death of composer and conductor Tom Jobim one of the creators of Bossa Nova



1995

- Review "Science" publishes the sequencing of the first free organism, bacterium Haemophilus influenzae; the research was a collaboration between Johns Hopkins University (including Noble Prize Hamilton Smith), New York State University, National Institute of Standards and Technology and Institute for Genomic Research
- As part of the celebrations of AMB's 40 years, in February, are delivered the awards of AMB contests of Medicine, Photograph, Prose and Poetry and the National Medal of Medical Merit
- AMB presents its fully reformed headquarters, during solemnity commemorating the 40 years of the entity
- Official arrival of commercial internet, with inauguration of the first providers
- Launched the Java platform, which allows animations programs smaller than conventional in Internet
- Scientists at the National Institute of Technology are able to create a new state of matter, as predicted by Albert Einstein 71 years ago



1996

- The sheep Dolly (July 5, 1996 – February 14, 2003) was the first mammal to be successfully cloned starting from an adult cell. Dolly was created by researchers of Roslin Institute, Scotland, where it lived all its life. The credits for cloning were given to Ian Wilmut, but he admitted, in 2006, that Keith Campbell actually was the principal responsible for the cloning
- In May AMB decides to extinguish its tables of medical fees, by introducing a new reference of fees: List of Medical Procedures
- AMB goes on line and launches its webpage
- Held, in August 2-3, the II Forum of Medical Specialties



1997

- Stanley B. Prusiner wins Nobel Prize for his study on the action of prions (infectious particles) in neurological diseases
- Brazilian Society of Thoracic Surgery is founded – 5/27/1997, in São Paulo, SP
- At the ceremony of commemoration of 46 years, AMB presents its reformed headquarters, with the construction of an auditorium with capacity for 100 seats, plus a gallery in tribute to former presidents
- AMB announces the winners of contests of Photo and Prose and Poetry
- AMB performs two unprecedented events: in May, LPM Forum and in August, I Symposium on Civil and Criminal Responsibility of the Physician Symposium
- AMB launches a campaign against smoking in national flights

1998

- In January, in Foz do Iguaçu, AMB launches the book “AMB 40 years”, written by Julio Sanderson
- AMB launches campaign against smoking in national flights in an event at Congonhas Airport, São Paulo,
- In June is launched, in Bahia, SINAM – National System of Medical Care, an AMB alternative to health plans
- Held in June the I National Forum of the Federative System
- In September AMB presents to medical community a new model of Specialist Title
- In November, AMB announces the winners of the National Medal of Medical Merit, 7th edition
- Enters into force the law making all Brazilians compulsory organs donors



1999

- In July, JAMB returns to be printed in a tabloid format, abandoning the standard model
- AMB sends to the Ministry of Education and Health, Cineaem and Brazilian Association of Medical Education document including minimal requisites for the opening of new courses of Medicine in the Country
- In August, from 2 to 4, takes place in Rio de Janeiro the I Symposium on Smoking
- At the end of the year, AMB positions itself favorably to generic drugs politics recently implemented by the government
- Scientists in United Kingdom, Japan and USA are able to sequence first human chromosome, second smallest of the 23 existing
- For the first time a national film (Central do Brasil) is nominated to Oscar as the best foreign film
- Britain gives extradition of General Pinochet to Spain

2000

- On February 12, for the first time in the history of entities, CFM participates in an AMB's Deliberative Council – Campo Grande (MS)
- AMB carries out strategic planning for definition of actions during the year
- AMB launches a campaign against health plans abuses
- AMB Review begins to integrate SciELO, site that aggregates online collection of the best scientific journals in the Country
- In September, AMB inaugurates its political office in Brasília
- In October, it makes two launchings: its new homepage and the displays the new visual of AMB Review
- The last edition in the year of JAMB and the Journal of CFM is made jointly by the first time in the history of the entities, marking the unity between them
- Beginning of broadband Internet in the Country



2001

- AMB and CFM innovate when they make a conjointly strategic planning for definition of goals and actions
- In association with CFM, AMB concludes the first block of medical guidelines, in signed agreement called "Project Guidelines"
- AMB returns to integrate WMA, participating in two Committees: Ethics and Medical Affairs
- AMB carries out, in Curitiba, the I Congress of Academics and, in São Paulo, the Forum on Civil and Penal Responsibility of the Physician
- In August, AMB begins campaign against MP 2177, which regulates health plans in a wrong way
- First AMB carries out, in Curitiba, the I Congress of Academics and, in Sao Paulo, the Forum on Civil and Penal Responsibility of the Physician are launched in Manaus
- AMB carries out, in Curitiba, I Congress of Academics and, in São Paulo, the Forum on Civil and Penal Responsibility of the Physician
- First guidelines are launched in Manaus
- Ceremony in São Paulo commemorates AMB 50 years

2002

- Performed in partnership with Data Folha Institute a survey among Brazilian physicians to choice the worst health plans
- In May 8 AMB carries out National Mobilization Day against the worst health plans
- Takes place in São Paulo the 2nd Brazilian Congress of Medical Policy
- In September AMB launches the entity's new website
- For the fifth time Brazil is world champion of football



2003

- A new conjoint edition of JAMB/Medicine is printed to celebrate Enem
- In July, in Vitória, CBHPM is officially launched
- In July occurs the 3rd Congress of Medical Policy
- In July the Joint Commission of Specialties defines the number of specialties (52) and acting areas (53) in the Country
- In October, in partnership with Health Parliamentary Front, AMB invades National Congress as a way to protest against the cut of R\$4 billions in the health sector
- In year's last edition, JAMB and Medicine have once again a conjoint publication, with Brazil Medical Order as cover subject

2004

- March 9 was the date chosen for the Day of National Mobilization Day, for the implementation of CBHPM
- In January, AMB endorses campaign on behalf of medical experts
- AMB joins campaign "Protect yourself", against the opening of new Medicine courses
- In June begins to run (transact) in Chamber of Representatives the Bill 3466/04, from Representative Inocêncio Oliveira, which references CBHPM into the health supplementary system
- In June AMB Review gains on line version and its own site for papers submission and consultation of already published issues
- Richard Axel, from USA, receives Nobel Prize for explaining the most enigmatic sense, the smell



2005

- AMB Establishes new Technical Chambers: Guidelines; Orthosis and Prosthesis; Contracts; Material and Medicaments; CBHPM
- In November, AMB participates in a movement in behalf of SUS, promoted by the Health Parliamentary Front
- AMB publishes the 5th volume of Project Guidelines and a booklet about consumption accidents in association with Pro-Teste, an entity for the consumer defense
- In November, takes place the 3rd edition of Brazilian Congress of Medical Policy
- Australian physicians Barry J. Marshall and John Robin Warren receive Nobel Prize for discovering that bacterium *Helicobacter pylori* was gastritis causative agent

2006

- Following the trend of world publications, starting in the January/February edition, JAMB turns to be printed in magazine format
- Created in 2005 by AMB review, the 1st edition of Liberato Di Dio Prize was granted for the first time in 2006, as a way to stimulate the publication of scientific research
- Takes place the III Form on Medical Civil and Penal Responsibility
- In compliance with Project Guidelines AMB/CFM, is launched the 4th volume, with new clinical guidelines
- Nobel Prize is granted to American Craig Cameron Mello for his discoveries on how to stop genes that do not work properly, opening the possibility for new treatments and lead to new therapies to combat serious diseases



2007

- Launched the 5th volume of Project Guidelines
- In partnership with CFM and 53 Societies of Specialty, AMB launches free Program of Continuous Medical Education
- The date of May 31 begins to be considered historical by AMB: after three years of intensive mobilization, PL 3466/04, which references CBHPM in supplementary health, is approved in the Chamber of Deputies. One special journal was edited to portray the subject
- In October is launched the 6th volume of Project Guidelines
- In Sauipe Coast, AMB organizes and carries out the 2nd Medical Congress of Portuguese Language
- AMB participates, in Brasília, of the I Forum of Medical Specialties
- In October, AMB signs agreement with the Government of the State of São Paulo Government for the production of clinical guidelines and continuous education to all physicians in the State



2008

- BMA launches new logo of the entity
- AMB holds in São Paulo the Medical Congress Brazil-Japan, commemorating the centenary of Japanese immigration
- Performs the I Course of Journalism on Health
- Is held for the first time in Brazil, the Forum of Ethics and Research and the Review of the Declaration of Helsinki, with the presence of directors from WMA and several international medical entities
- As part of the agreement signed with the Government of State of São Paulo, AMB distributes CD-ROM with 240 clinical guidelines to all State doctors
- Takes place the IV Forum of Civil, Ethic and Penal Responsibility of the Doctor
- A new publication of "The Doctor & You" review is launched, aiming the lay public, to be distributed to all doctor's offices in the Country
- AMB participates in "Jaleçaço" in the Chamber of Deputies, in behalf of regulation of Constitutional Amendment 29



2009

- AMB signs agreement with the National Agency of Supplementary Health for elaboration of Clinical guidelines aimed at supplementary system
- AMB No-smoke Commission proposes National Smokefree Campaign
- AMB now offers medical emergencies courses within the Program of Continuous Medical Education
- Participates in the II Forum of Medical Specialties, in Brasília
- Participates in debates for consolidation of the New Code of Medical Ethics
- Takes place in Brasília the I Forum of Professional Defense of AMB
- With Stand "Internalization of Medicine", participates in the Hospital Fair-2009
- Participates in mobilization for approval of PL 7703/06 that regulates Medicine
- Launched 21 initial guidelines constituent that integrate the agreement AMB/ANS

2010 / 2011

- Launched the Jamb Culture, supplement distributed along with the Journal of AMB
- AMB organizes an unprecedented meeting in Brazil to receive WMA representatives for debate of several points of the Helsink Declaration
- AMB institutes the campaign SOS-Haiti, to help earthquake victims
- José Luiz Gomes do Amaral is sworn President of the Medical Community of Portuguese Language and elected as President of World Medical Association for the biennium 2011-2012
- In March, is held in Barcelona, Spain, by the team of Dr. Joan Barret, the first full face transplant
- Brazil elects Dilma Rouseff, the first woman President of the Country
- AMB turns 60 years



JAMB CULTURA

uma revista para expandir o conhecimento médico e científico

Ambiente profissional é dada oportunidade de conviver e interagir com tantas pessoas diferentes. Para podermos atender bem aqueles que nos procuram é necessário, ao lado da atualização na ciência médica, compreender sua linguagem, sua cultura e bem entender e ouvir as experiências que nos são transmitidas.

Na formação do médico, é essencial acumular bagagem capaz de suprir essa demanda. É necessário perceber o crescimento intelectual do médico ao longo dos anos da prática clínica devida ao contato com seus pacientes,

Box Leitura

colégios e professores. Ao sair do consultório, os docentes também deixam um pouco de si. Seja no momento médico, seja nos congressos, os médicos também compartilham esse conjunto vasto e complexo de informações e percepções.

Aqui se materializa um dos objetivos do JAMB Cultura. Oferecer, em sinergia com as demais publicações da Associação Médica Brasileira voltadas ao intercâmbio da informação técnica e questões de caráter assistencial, veículo para divulgação das nossas múltiplas expressões culturais.

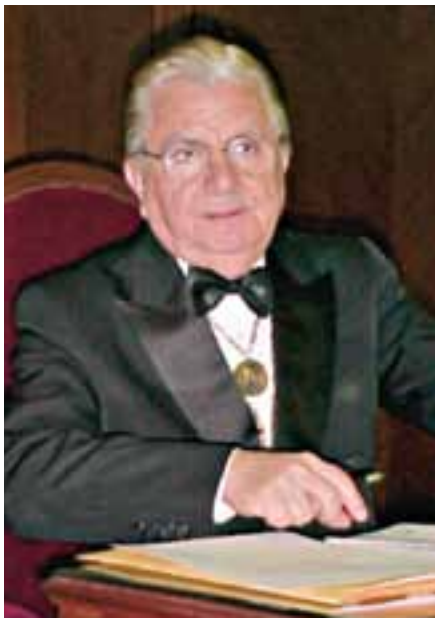
Boa leitura!

José Luiz Gomes do Amaral | Presidente da Associação Médica Brasileira





Post Face



*Pietro Novellino
President of the Academia Nacional
de Medicina (National Academy of
Medicine)*

The Academia Nacional de Medicina (National Academy of Medicine) receives the honorable mission of preparing the postface of the book Associação Médica Brasileira (Brazilian Medical Association) - AMB 60 years. The text recalls the historical decision of the Congress of Central Brazil (January 1951) that, during the III Congress of the Paulista Association of Medicine, decided to create the Associação Médica Brasileira (Brazilian Medical Association), setting it at São Paulo.

The book brings a refined description of successive Boards, Commissions; mentions the Medical Schools and AMB periodicals; addresses international insertion; passes through the twenty-seven federates, lists the Medical Specialties Societies and ends with future considerations concerning the medical career and the Order of Doctors, which has been proposed as a unifying entity.

I see the origin of AMB credited to the Medical-Surgical Society of São Paulo, 1888, "princeps" in the genre. I even lucubrate with my buttons, when I think that this National Academy, then founded (1829) as Medical Society of Rio de Janeiro, which was the court, preceded it ... Will proceed no further in the discussion, which becomes the "lana caprina". They are embodied in AMB objectives (Section 2 of the Social Statute): congregation and defense of the category, development of health policies in care, rehabilitation, prevention of diseases and health promotion; to collaborate in medical education, discipline classification of medical procedures, etc.. Its objectives have much congruence with the nature of the Academy, nor could it have been otherwise. What

can be realized on the disposal of the Academy, as well as the Association, is the complete willingness, without waiting for payment for consulting services by government agencies, marked by two distinctive truths: one, the independence in the formulation of recommendations, which breaks the frivolous subservience, the other, moderation, the one that subordinates these opinions to the full awareness of the facts, containing the impatient willingness and restraining disproportionate impetus.

The Associação Médica Brasileira (Brazilian Medical Association) is assisada, wise and powerful society. Renews and improves itself, facing in those sixty years of life, all the whirl of hindrances and challenges that have harassed it. The Institution is robust, with a considerable sheet of services to the National Medicine. To bring the collation these few words of praise is a privilege for the Academia Nacional de Medicina (National Academy of Medicine).

AMB Statutes

Statute registered in the Registry of the 3rd R.T.D. - Registrar of Deeds and Documents of Legal and Civil - São Paulo. Registered under number 0539799 in 02/10/2005 and recorded, microfilmed and digitized under number 0502622.
Praça Pedro Manuel da Nóbrega, 20 – São Paulo/SP, Brazil

ASSOCIAÇÃO MÉDICA BRASILEIRA (BRAZILIAN MEDICAL ASSOCIATION) - AMB

SOCIAL STATUTE

Approved at the Assembly of Delegates of 26 and 27 September, 1982, with amendments approved in the General Extraordinary Assembly of Delegates of AMB on June 27 and 28, 1986; in the General Extraordinary Assembly of Delegates of AMB, held in Brasília (DF) on May 26, 1989; in the General Extraordinary Assembly of Delegates of AMB, held in Rio de Janeiro (RJ), on May 22, 1993, in the General Extraordinary Assembly of Delegates of AMB, held in Brasília (DF) on October 23 and 24, 1998, in the General Extraordinary Assembly of Delegates of AMB, held in São Paulo (SP) on October 20, 2000 and in the General Extraordinary Assembly of Delegates of AMB, held in São Paulo (SP) on October 29, 2004.

CHAPTER I – THE ENTITY, ITS HEADQUARTERS AND PURPOSES

1st Article. The Associação Médica Brasileira (Brazilian Medical Association) – AMB – founded on January 26, 1951, with headquarters and forum in the city of São Paulo, located on São Carlos do Pinhal Street, N° 324, Bela Vista – CEP 01333-903, is a national civil association, with legal personality and federative form, without profitable purpose, that brings together doctors from all the national territory and with indefinite period.

2nd Article. AMB objectives are:

- I) bring together doctors of the Country and its representative entities for the purpose of general defense of the category in scientific, ethical, social, economic and cultural fields;
- II) contribute for the elaboration of health politics and improvement of the medical attendance system in the Country;
- III) educate the population about the problems of medical care, health preservation and restoration;
- IV) provide title of specialist, in accordance with the provisions hereof and proper regulation;
- V) defend, in court or not, the interests of its affiliates, provided that such interests can be characterized as collective or diffuse and might lead direct or indirect benefits to the class care, as a whole;
- VI) to develop, update, disseminate and recommend the classification of medical procedures to the provision of medical services;
- VII) to foster continuing medical education;
- VIII) to promote Insurance and pension plans for members;
- IX) contribute to the quality control of medical schools;
- X) to contribute for the establishment of criteria for the creation of medical schools in the Country;

XI) to promote social campaigns, intended to prevent, preserve and recover population's health.

Sole Paragraph: To achieve these objectives, AMB will make use of the means that prove to be indicated, including the cooperation of congener institutions and the representative entities of other national and international categories.

3rd Article. AMB is a federation, constituted by congener medical entities from the States and Federal District, based on representative regime and the specialty national associations, their covenant units.

CHAPTER II – FEDERATES AND ASSOCIATES
SECTION I – FEDERATES

4th Article. The requirements for the recognition of any congener medical entity, from State or Federal District, as a federate AMB unity, are:

- I) to have objectives that do not conflict with those of AMB
- II) to have legal personality;
- III) to be ruled by an statute enabling social framework open to all doctors of the influence area;
- IV) to have its Board elected directly by associates, with elections performed concomitantly to AMB Board election;
- V) to attend the obligations foresighted in this statute.

5th Article. It is competence of the Board of Directors of AMB, "ad referendum" of the Assembly of Delegates, to accept the affiliation of federate entities.

Sole Paragraph. The disaffiliation act is privative of the Assembly of Delegates, ensuring full rights of defense.

6th Article. The federate entities have administrative, economic and associative autonomy, assuming, meanwhile:

- I) honor all initiatives and resolutions taken by the Assembly of Delegates of AMB;
- II) AMB keep informed of all initiatives and resolutions taken under state or regional level:

III) report to the AMB, within the first month of each quarter, the exclusions or admissions of new members on its social board, occurred in the previous quarter;

IV) pass quarterly contributions to the AMB actually paid by the associates, stating names, amounts received and period of competence;

V) immediately notify AMB penalties imposed on its members;

VI) state, in all its forms, posters and media its condition of AMB affiliated, printing in them the logo of this entity;

VII) do not take a nationwide initiative without the prior consent of AMB;

VIII) conduct, in its territory, the election of the Board of AMB and Delegates, according to this statute and the electoral rules;

IX) represent, in and out of court, the interests of its affiliates, provided that such interests can be characterized as collective or diffuse and might lead direct or indirect benefits to the medical class as a whole.

7th Article. In case of this statute violation, the Assembly of Delegates may determine to the federal entity adjustment to the statutory rule; in case of non attendance to that recommendation or occurring loss of requirements for its stay as federate, AMB may revoke the affiliation, ensuring full rights of defense, not subject to appeal the final decision.

SECTION II – ASSOCIATES

8th Article. Doctors from every State, Territory and Federal District may be associated with AMB only through a single federate, duly recognized.

§1st. When the physician is effective associate of more than one federate entity, he will be an effective associate of AMB through the federate that made his last entry as an associate.

§2nd. All members of federates are automatically associates of AMB.

9th Article. The associates of AMB are distributed in the following categories: founders, effectives, retired, correspondents, honoraries, benefactors and scholars.

§1st. There are not, between associates, reciprocal rights and obligations.

§2nd The associate who wishes to resign from membership, should communicate his decision to the Board of the Federated.

Article 10. Are considered founders associates all doctors that, in December 31, 1951, were part of any entity that has become Federated.

Article 11. Are effective associates all doctors that, in this category, belong to the membership of one Federated entity.

Sole paragraph. In the category of effective associates are included the resident doctors enrolled in this category in their respective federates.

Article 12. The rights of the associated effective are:

- I) vote in the AMB elections, since registered as members before March 31 of the calendar year and who are even with their contributions to the date of the election rules;
- II) to be voted for any office, except the limitations contained in this statutes and electoral rules;
- III) make use of all services maintained by AMB, subject to the administrative arrangements;
- IV) receive the publications of AMB.

Article 13. The duties of the effective associated are:

- I) strengthen and honor, in all its initiatives, the AMB and that federate he belongs;
- II) guide his conduct within the ethical principles;
- III) pay, on time, the amount established by the Assembly of Delegates;
- IV) comply with the statutory and regulatory provisions.

Article 14. Effective associates may request the condition of retired associates, provided they meet one of the following conditions:

- I) minimum age of 65 years, with contributions settled on an ongoing basis in the last 15 years;
- II) associates suffering from proven permanent disability.

Sole paragraph. Retired Members, exempt of contributions, keep all rights of effective associates.

Article 15. Doctors from other Countries will be correspondent associates, proposed by the Board of Directors of AMB or a federate, approved by the Deliberative Council.

§ 1st The correspondent associates have the same rights as effective associates, except those referred to in sections "I" and "II" in article 12.

§ 2nd The correspondent associates have the same duties as the effective associates, except those mentioned in article 13, item "III".

Article 16. Will be honorary associates, personalities Brazilian or foreign, of proven merit, indicated by the Board or by a Federate entity and accepted by decision of 2/3 (two thirds) of the Assembly of Delegates.

Article 17. Will be benefactors associates, with the approval of 2/3 (two thirds) of the Assembly of Delegates, personalities indicated by the Board or a federal entity, for relevant service to AMB.

Article 18. May be registered as academic associates students of any year of undergraduate in Medicine that, in that condition, belong to membership of federate entities.

§ 1st The academic associates will have the rights corresponding to items "III" and "IV" of article 12.

§ 2nd The duties of the academic associates are the corresponding items "I" and "II" in Article 13.

Article 19. The associates of AMB shall be liable to punishment, by decision of Federate, for conduct in violation of the statutes of BMA or Federate, and likely to cause moral or material damage to the medical class, the AMB or the Federate he belongs to.

§ 1st The penalties are not sequential, obey the nature and seriousness of the offense and will be the following:

- II) warning - of a moral nature, in which the warned takes science by reserved expedient;
 - III) censure - moral nature, in which the warned takes science by expedient or the press;
 - IV) suspension - applied in case of serious fault, in which the associate has his rights suspended for up 90 (ninety) days and takes science by expedient or press;
 - V) exclusion - the maximum penalty, in which the associate is definitely excluded from membership and takes science by expedient or pres.
- § 2nd The process of punishment should be established at the federate entity to which the associate is affiliated, ensuring full right of defense, and in the absence of this procedure may be effected by AMB.
- § 3rd The penalty applied by the federate will be judged by the board of the Deliberative Council of AMB, with possibility of an appeal to the Assembly of Delegates within 60 (sixty) days, from the date of science.
- § 4th The appeals before the AMB, automatically imply in suspensive effect on the sentences imposed by Federated.
- § 5th AMB, by resolution of its Assembly of Delegates may change decisions of federate entities which, under Article 7 of this statute, will honor it.
- § 6th The BMA will give science of the appeal and its provision or not to respective federate.
- § 7th In the case of violation of the code of medical ethics, the Board or the AMB Federate will report the fact directly to the respective Regional Council of Medicine.

CHAPTER III – ORGANS OF THE ASSOCIATION

Article 20. The permanent organs of AMB are: the General Assembly, the Assembly of Delegates. the Deli-

berative Council, the Board, the Board of Supervisors, the Fiscal Council, the Scientific Council and the advisory commissions.

Article 21. The organs of AMB have their operation set by internal rules, approved by the Assembly of Delegates and widely divulged to its affiliates.

Article 22. No organ of AMB may assume positions of political parties or religious character.

SECTION I – GENERAL ASSEMBLY

Article 23. The General Assembly shall consist of effective associates of AMB who are current on their statutory obligations to the date hereof.

Article 24. The General Assembly has competence to:

- II) elect the administrators of the entity;
- II) deliberate on the removal of directors of the entity;
- III) approve the budget and accounts of the entity;
- IV) amend or reform the statute;
- V) decide, ultimately, appeal by associate against decisions of other organs of AMB.

Sole paragraph. The approval of the budget and accounts of the entity are shall be submitted to the General Assembly only after the opinion of the Board of Supervisors and the approval of the Assembly of Delegates.

Article 25. The General Assembly shall be convened ordinarily, with antecedence of at least thirty (30) days, to discuss the following issues:

- I) in October of each year to decide on the approval of the budget of the entity for the following year and approval of the accounts of the entity for the year ended;
- II) in August of years of election, to vote for candidates to filling of elective offices of the entity.

Article 26. The General Assembly shall be convened extraordinarily to discuss the following issues:

- I) removal of directors of the entity;
- II) amendment or reform of the Statute.

§ 1st For resolution of the item "I" of this article, the Assembly will be convened in advance of at least 30 (thirty) days.

§ 2nd For the resolution of the item "II" of this article, the Assembly will be convened in advance of at least ninety (90) days, only able to judge propositions received at the headquarters of AMB, as defined by the Board, within sixty (60) days prior to the meeting, and being available to associates for any middle, with a minimum of thirty (30) days.

§ 3rd The suggestions for statutory reform may be prepared:

I) by the associates in good standing statutory and delegates, being sent to the Board of AMB through the federate entities to which they belong;

II) by federate entities;

III) by the Board of AMB.

Article 27. The resolutions of the General Assembly must be by majority vote of the members, except the resolutions set out in sections II and IV of art. 24. In these cases, the vote will be required to agree of 2/3 of those present at the assembly specially convened for this purpose, and it can not decide, on first call, without an absolute majority of associates, or with less than 1/3 in the following calls.

Article 28. It is guaranteed to a fifth of effective associates the right to promote the General Assembly.

SECTION II – ASSEMBLY OF DELEGATES

Article 29. The Assembly of Delegates is the supreme organ of AMB within the limits of the law and this statute, with power to settle all matters and decide all associative acts.

Article 30. Constitute the Assembly of Delegates:

I) removal of administrators from the entity;

I) the Delegates elected at Federates;

II) the Presidents of the federates or their statutory substitutes in the Board.

Article 31. The Delegates and alternates shall be elected by direct and secret vote by the associates of each federal unit.

§ 1st May only register as candidates to delegates, doctors who have for more than one year the condition of effective associate, counting backward from the closing date for the submission of the slates.

§ 2nd Each slate or label shall elect a number of delegates corresponding to the proportional voting received, reversing the fractions, for purposes of calculation, to the majority slate.

§ 3rd The delegates shall hold office for 3 (three) years and may be reelected, as long as they have attended at least 50% (fifty percent) of the summons.

Article 32. The number of delegates will be variable and each federated entitled to the basic minimum of one delegate, and a variable number proportional to the number of effective associate effective, calculated at the rate of one for 500 (five hundred) or fraction, with this calculation made from 501 (five hundred and one), excluding the President of the Federate or its representative.

§ 1st Will serve as the basis for the establishment of the number of delegates from each federate, the effective number of its associates even with the AMB until June 30 of the election year.

§ 2nd By July 30 of the calendar year election, the Board of AMB will issue circular to federates stating the number of delegates of all federates.

§ 3rd Having increased its number of effective associates quits during the triennium, implying the right to increase its representation in the Assembly of Delegates, the respective federate entities will promote alternate delegates to the condition effective delegates, respected the proportionality foreseen under this article.

Article 33. The Assembly of Delegates will meet ordinarily once a year, between 10 and 31 October, at a time and place determined at the previous meeting or,

lacking that determination or in the impossibility of its compliance, where and when is determined by the Board of AMB.

Article 34. It is incumbent upon the Assembly of Delegates:

- I) to establish the contribution of the associates, heard the opinion of the Audit Council;
- II) to vote on the budget proposal presented by the Board, upon the recommendation of the Audit Council, ad referendum of the General Assembly;
- III) to assess the accountability of the Board, upon the recommendation of the Audit Council, ad referendum of the General Assembly;
- IV) to analyze and decide on the annual report of the Board, upon the recommendation of the Audit Council;
- V) to deliberate on matters not provided for this statute;
- VI) to determine the orientation of AMB concerning initiatives of interest to the medical class or the public as a whole;
- VII) to decide on the appointment of honorary and benefactor associates;
- VIII) to authorize the alienation of real property or gravamen of AMB's patrimony, heard previously the opinion of the Audit Council;
- IX) to deliberate on disaffiliation of a federate entity and ratification of affiliation of a federate, promoted by the Board;
- X) to deliberate on matters not contained in the agenda, provided they do not involve in the bylaws, for approval by simple majority of those present;
- XI) to approve the bylaws prepared by the Board and oversee its disclosure and compliance.

Article 35. The Assembly of Delegates may be called extraordinary:

- I) on its own initiative, by the Deliberative Council or 1/5 (one fifth) of Delegates, as long as representatives of three federal entities, at least;

II) on the initiative of the Board;

III) on the initiative of 1/5 (one fifth) of the associates, up to date on their rights, belonging to at least three federates.

§ 1st The Extraordinary Assembly can only address issues for which it has been specifically convened.

§ 2nd The calls for the Extraordinary Assemblies will be made by the President of AMB or its legal substitute, must be issued within a week after the relevant request and directed to federates, delegates and respective alternates.

§ 3rd The Extraordinary Assemblies of Delegates will take place between thirty (30) and 90 (ninety) days after shipment of its convocation.

Article 36. The quorum for deliberation of the Board of Delegates is 1/3 (one third) of the total number of its members, and decisions are taken by simple majority of those present and voting, except the cases under this statute.

Sole paragraph. The opening sessions will be held with any number of associates present.

SECTION III - THE DELIBERATIVE COUNCIL

Article 37. The Deliberative Council shall be composed of the President and Secretary of AMB or their respective statutory substitutes on the Board; the Presidents of the Federates or its statutory substitutes on the Board, 14 (fourteen) representatives of the Specialties Council and 1 (one) representative appointed by the Conselho Federal de Medicina (Federal Council of Medicine), and shall meet ordinarily every 6 (six) months in time and place announced at the previous meeting.

Article 38. The Deliberative Council may be extraordinarily convoked by the Board of AMB or by 1/5 (one fifth) of its members, to deliberate exclusively on matters constants included in the call.

Article 39. It is the responsibility of the Board:

- I) to assume all the attributions of the Assem-

bly of Delegates, while this is not convoked, except for the following matters:

- a) to change the associates contributions;
- b) to amend the statute and bylaws of the Assembly of Delegates;
- c) to provide for matters already decided by the Assembly of Delegates.

II) to deliberate on proposals of corresponding associates;

III) to judge processes brought against associates for violation of this statute;

IV) to judge the election and proclaim the elected.

Article 40. All decisions of the Deliberative Council will be subject to approval by the Assembly of Delegates without prejudice to its immediate implementation.

Article 41. The quorum for deliberation in the Deliberative Council will be half plus one of its members and will be taken by majority vote of the presents.

Article 42. The meetings of the Deliberative Council shall be presided by the President of AMB, or his statutory substitute, who has a casting vote, and secretary by the General Secretary.

SECTION IV - BOARD OF DIRECTORS

Article 43. The Board is the executive organ of AMB and consists of: President, 1st and 2nd Vice-Presidents, 10 (ten) Regional Vice-Presidents, General Secretary, 1st Secretary, 1st and 2nd Treasurers, Director of International Relations, Scientific Director, Director of Professional Defense, Director of Assistance and Welfare, Director of Attendance to Associate, Cultural Director, Director of Medical Economics, Director of Public Health, Director of Communications, Academic Director, Marketing Director and Director of Protection to Patient.

Article 44. The Board will be elected by direct and secret ballot of associates, in the second half of August, the date falling on a working day, and will take office in the next Ordinary Assembly of Delegates.

Sole paragraph. The Board will be elected to a term of 3 (three) years and its members may be reelected.

consecutively, for the same office only once.

Article 45. The conditions for eligibility:

I) for any position: have the condition of effective associated for more than three years, be in good standing statutory rights from the date of its registration as a member until the closing date for submission of slates;

II) for each of the ten positions of Vice-President: to reside or to practice in their respective regions: Center, Center-West, North, North-Northeast, Northeast, Lest-Northeast, Lest-Center, Lest-South, Center-South and South.

Sole paragraph. The Vice-Presidents will be distributed by the following regions:

- a) Center: Federal District;
- b) Center-West: Goiás, Mato Grosso, Mato Grosso do Sul and Tocantins;
- c) North: Rondônia, Acre, Amazonas, Roraima, Pará and Amapá;
- d) North-Northeast: Maranhão, Piauí and Ceará;
- e) Northeast: Rio Grande do Norte, Paraíba and Pernambuco;
- f) East-Northeast: Sergipe, Bahia and Alagoas;
- g) East-Center: Espírito Santo and Minas Gerais;
- h) East-South: Rio de Janeiro;
- i) Center-South: São Paulo and Paraná;
- j) South: Santa Catarina and Rio Grande do Sul.

III) for the positions of General Secretary, 1st Secretary, 1st and 2nd Treasurer: to reside or practice in the host city of the AMB.

Article 46. The Board will make at least 2 (two) ordinary meetings per year with the Full Board and each month with the Executive Board.

Sole paragraph. The absence without justification to 3 (three) consecutive meetings or five (5) alternate in 1 (one) year, shall entail the loss of office.

Article 47. The Board may be convened extraordinarily by the President or at least half of its members.

Article 48. In between plenary meetings of the Board, responds for the same its executive core, consisting of the President, 1st and 2nd Vice-Presidents, General Secretary, 1st Secretary, 1st and 2nd Treasurers, who will have the powers conferred to them by this statute.

Article 49. The duties of the Board:

- I) to do all acts of management necessary to the perfect performance of AMB and the fulfillment of its purposes;
- II) to draw up its bylaws, to be submitted to the Assembly of Delegates;
- III) to submit annually to the Assembly of Delegates and the Audit Council report of its activities, the proposed budget for the following year and accountability;
- IV) to convene, extraordinarily, the Assembly of Delegates and the Deliberative Council;
- V) to propose corresponding associates to the Deliberative Council; honorary and benefactor to the Assembly of Delegates;
- VI) to comply with and enforce this statute, regulations, rules and resolutions of the Assembly of Delegates;
- VII) appoint members to the various advisory commissions that may be necessary;
- VIII) to appoint the members of the Department of Assistance and Social Security, except its president, to be elected; of the Department of Publications and other service departments that may be created;
- IX) sign agreements with the national medical specialty associations;
- X) to elect a director to any office, whenever there is a vacancy or inability. after

obeying the substitutions provided herein;

- XI) to appoint the members of the various existing departments and of others that may be created;
- XII) amend or change the present statute when required by legal obligations, ad referendum of the General Assembly.

Sole paragraph. The Board's deliberations will be taken by majority vote, provided the presence of the majority of its members, and the Chairman having the casting vote in case of a tie.

Article 50. The duties of the President are:

- I) represent AMB in and out of court;
- II) chair the meetings of the Deliberative Council, the Board, the Scientific Council and commissions;
- III) administer, with Board approval, the assets of AMB;
- IV) to implement the resolutions of the Assembly of Delegates, the Deliberative Council and other organs;
- V) to acquire or sell property and give in mortgage assets of the heritage when authorized by the Assembly of Delegates;
- VI) chair the preparatory sessions of the Assemblies of Delegates, which will present report annualized for all activities of AMB, providing the necessary clarifications;
- VII) to attend and remain in the Assembly of Delegates where, whenever necessary, will give his opinion on the questions raised.
- VIII) sign, together with the 1st Treasurer, checks of the entity as well as authorize expenditure of AMB;
- IX) grant power of attorney;
- X) to authorize the placement of journals.

Article 51. It is responsibility of the Vice-President:

- I) replace the President in his absences and impediments, succeeding him in case of vacancy;

- II) represent AMB when appointed by the President;
- III) on behalf of the President, perform other executive functions.

Article 52. It is responsibility of the Second Vice-President to replace the first Vice-President in case of incapacity or vacancy.

Sole paragraph. It is also responsibility of the second Vice-President, on behalf of the President, to perform other executive functions.

Article 53. Regional Vice-Presidents shall:

- I) represent AMB in their respective regions;
- II) transmit to the President and Board comments collected in the respective regions;
- III) transmit to the respective region information and guidance of the President and/or the Board.

Article 54. The Secretary General shall:

- I) act as Secretary of the meetings of the Assembly of Delegates, the Deliberative Council and the advisory commissions;
- II) direct all departments of the secretariat;
- III) hire or dismiss employees, as authorized by the Board;
- IV) perform other activities peculiar to the office and others that may be assigned to him.

Article 55. The first Secretary shall:

- I) assist the General Secretary in his duties, replacing him in his impediments, succeeding him in vacancy and perform other activities consistent with the position assigned to him by the Board;
- II) compose the table of the work of the Assembly of Delegates.

Article 56. The first Treasurer shall:

- I) administer the funds and revenues of AMB;
- II) do the expenses authorized by the President or proceed under the second paragraph of this article;
- III) inspect the accounting;
- IV) present the monthly trial balance, the balance sheet and the annual report of the treasury;
- V) perform other activities peculiar to the office

- VI) attend the Assembly of Delegates, to which he shall provide clarification and give his opinion when asked.

§ 1st In the absence of the Treasurers, another member of the Board shall sign checks, specifically authorized by power of attorney granted by the absent Treasurer.

§ 2nd The controversies arisen in the implementation of item "II" of this Article shall be settled by simple majority vote of the members of the Board, at a meeting specially convened for this purpose.

Article 57. The second Treasurer shall:

- I) assist the first Treasurer;
- II) replace the first Treasurer in his impediments and absences;
- III) succeed the first Treasurer in vacancy.

Article 58. The Director of Assistance and Social Security shall preside over the Department of Assistance and Welfare (DAP).

Article 59. The Cultural Director shall promote, by the means the entity makes available, the cultural development of its members.

Article 60. The Director of Professional Defense shall:

- I) promote actions aimed at maintaining the ethics and dignity of the professional practice of medicine;
- II) chair the Department of Professional Defense.

Article 61. The Director of International Relations shall promote the interexchange and relationship of AMB with similar organizations in other Countries and with international health organizations.

Article 62. The Scientific Director shall:

- I) promote the interchange and relationship of AMB with the scientific associations that have a covenant with it;
- II) secretary the meetings of the Scientific Council and replace the Chairman in his absence.

Article 63. The Director of Medical Economics shall maintain, update and revise the "List of Medical Procedures", in line with the costs of medical procedures listed. based on the variants that compose them.

Article 64. The Director of Public Health shall develop proposals that contribute to improving public health in the Country.

Article 65. The Director of Communications shall coordinate the preparation of the journal of the AMB, as well as other entity's media.

Article 66. The Academic Director shall propose and develop actions to enable the approach of AMB with academic medium.

Article 67. The Director of Attendance to Associate shall support the offering of services and miscellaneous properties, in order to be used in collective bargaining of these to reduce costs and obtain facilities.

Article 68. The Director of Patient Protection shall propose and put in operation policies and behaviors to protect the patient, acting alone or together with other segments of civil society.

Article 69. The Marketing Director shall:
 I) divulge the actions of AMB, promoting the continuous improvement of image of the entity and the class.
 II) raise funds for the AMB.

Article 70. The Audit Council shall be elected by the Assembly of Delegates in the session of inauguration of the Board and its mandate will be coincident with it.

Article 71. The Audit Council shall consist of 5 (five) members and an equal number of substitutes.

Sole paragraph. In case of vacancy or disability, the effective member of the Audit Council will be replaced by the substitute who is associate for more time.

Article 72. To be elected to the Audit Council, the member shall have more than 3 (three) years of membership, counting from the date of his registration as a member of the AMB to the closing date for submission of the slate.

Article 73. The Audit Council shall meet when convened by the Board of AMB, the Assembly of Delegates, the Deliberative Council or its own president.

§ 1st The decisions of the Audit Council shall be by majority vote, provided the presence of most of its members.

§ 2nd The Chairman of the Audit Council will only have casting vote.

Article 74. The Audit Council must consider all matters related to assets, goods, rents, funds, economic and financial aspects of the life of the entity and related matters, as well as supervise the executive acts of the Board, these assignments including, especially, an opinion on:

- I) the determination of contributions of members and other revenues;
- II) the costs of the different sectors of activity;
- III) the budget of each year;
- IV) the trial balance sheets and balance sheet;
- V) accountability and reporting to the Board;
- VI) inventory of properties.

Article 75. Members of the Board of Supervisors shall elect among themselves the Chairman.

SECTION V - SCIENTIFIC COUNCIL

Article 76. The Scientific Council, an advisory body, will be heard by the Board of AMB as necessary, to opine on its areas of competence, and its opinions will be enunciated and approved by majority vote, provided the presence of most its members.

Article 77. The Scientific Council is composed of the presidents of national medical association of specialties or their legal substitutes, by agreement with the AMB, aiming to:

- I) improve, regulate and coordinate the activities of the exercise of medical specialties across the country;
- II) study and suggest measures for improving the medical training;
- III) study and suggest measures for the perfect execution of the assignment of the title of Specialist and its valorization;
- IV) among its members, elect the 14 representatives and alternates in the Deliberative Council of AMB.

Sole paragraph. The absence of a member of the Scientific Council to 2 (two) of the Board meetings, carried out during his mandate, will result in his replacement by another member.

Article 78. Scientific Departments may be established by agreement with nationwide specialized entities, since proven that all members of these entities are effective associates of AMB, through their respective federates.

§ 1st In the agreement should be obligatorily included the clause in which the specialized agencies will only accept new members if the applicants have been previously admitted as effective associates of one of the federate entities of AMB.

§ 2nd The supervision of compliance with the terms of the agreements will also be done by the federate entities, that shall communicate any violations to AMB, so that this may proceed due to the withdrawal.

§ 3rd The sections or regional specialized entities nationwide that have an agreement with AMB, should be necessarily required to join the federates, through the associations or specialized departments of the same, with all its members also being members of the federate and even with their statutorily defined obligations.

§ 4th No specialized scientific activity of a nationwide entity that has an agreement with the AMB, may be held in the region or jurisdiction of a federate without it involving the association, specialized department of the same federate and the AMB federate.

of the Board, will be permanent and special, and composed by effective members of AMB, appointed by the Board and nominated by the President.

§ 1st The standing commissions, which are designed to study the proposals submitted to their examination and about them manifest their opinion, are called:

- I) Commission for Professional Defense;
- II) Commission of Inquiry and Ethics;
- III) Commission on Human Rights;
- IV) Commission for Medical Education and Post-Graduate Studies;
- V) Commission against Tobacco Use;
- VI) Commission to Combat Alcoholism;
- VII) Commission to Combat Toxics;
- VII) National Commission of Medical Fees.

§ 2nd The special commissions created by the Board will be transitory and will extinguish once they have met the purposes for which they were intended.

§ 3rd All standing commissions will be constituted by 5 (five) regular members and five (5) alternates.

Article 80. The commissions will be heard by the other organs of the AMB, when necessary, to opine about their areas of competence, having their opinions issued and approved by majority vote, provided the majority of its members.

Article 81. The advisory committee meetings will be chaired by its chairman, secretary by one of the present members, and should be attended by the President of the AMB or his statutory substitute.

Article 82. The Commission for Professional Defense will be composed of 5 (five) members and an equal number of alternates, appointed by the Board of AMB, and aims to study issues concerning the professional defense of doctors.

Sole paragraph. The Commission for Professional Defense will be chaired by the Director of Professional Defense.

SECTION VI - EXECUTIVE COMMISSIONS

Article 79. The advisory commissions. advisory organs

Article 83. The Medical Ethics Commission will be composed of 5 (five) members and an equal number of alternates, appointed by the Board of AMB, and aims to analyze the issues of ethics, enunciating opinions about it.

Sole Paragraph. The members of the Medical Ethics Commission will elect among themselves a chairman.

CHAPTER IV – ELECTIONS
SECTION I - GENERAL PROVISIONS

Article 84. All elections will be processed by personal, direct and secret vote, shall not be permitted by proxy or mail.

§1st In order to exercise his right to vote, the associate must be enrolled as an effective associate of a federate until March 30 of the election year.

§2nd the associate in debt with AMB and its federate, to exercise his right to vote can pay off his debt up to the election date.

§3rd the elections of the Board of AMB will be performed in compliance with electoral norms approved by the Assembly of Delegates.

SECTION II - THE INVESTITURE

Article 85. The investiture of the elected delegates will be given by the President of AMB or by the Deliberative Council of the ending fiscal year, during the Ordinary Assembly to be held after the elections.

Article 86. The investiture of those elected to the Executive Board of AMB and the Audit Council will be given by the Assembly of Delegates newly inaugurated, during the Ordinary Assembly to be held after the elections.

CHAPTER V - TITLE OF SPECIALIST

Article 87. AMB will grant titles of specialist to medical professionals who meet all requirements established in agreements signed with associations of medical specialties and the Federal Council of Medicine.

Sole paragraph. The provision of the Title of Specialist undergoes its own regulation.

CHAPTER VI - HERITAGE, FINANCIAL

SYSTEM AND FISCAL YEAR

SECTION I - HERITAGE

Article 88. AMB's heritage consists of:

- I) on its own initiative, the Deliberative Council or 1/5 (one fifth) of the delegates, as long as representatives of three federate entities, at least;
- II) real and personal property;
- III) associates' contributions and voluntary contributions;
- IV) proceeds from the financial resources and assets;
- V) gifts, bequests, grants, subsidies and other income provided by any individuals or entities, public or private.

SECTION II - FINANCIAL REGIME

Article 89. AMB's revenue will be the contributions of associates contributions and any other income, it fully intended to meet their goals.

§ 1st The contributions of associates will be set annually at the Ordinary meeting of the Assembly of Delegates, to be in force from January next year.

§ 2nd The Assembly of Delegates may establish lower levels of contribution to junior doctors.

Article 90. All positions in the AMB are free and honorable, with its members not realizing compensation, advantages or benefits of any kind by the exercise of their functions.

Article 91. Members of the AMB do not respond, even if secondarily, for the obligations assumed by the entity.

Article 92. The contributions of the associates must be made in a partnership with the federate and with automatic transfer to the AMB.

Article 93. The federate that do not document the shipment contributions to AMB by the tenth day of the

month following the quarter expired, will not be entitled to vote at meetings of the Deliberative Council and the Assembly of Delegates.

SECTION III - FINANCIAL YEAR

Article 94. The financial year of AMB begins on January 1, ending December 31 each year.

CHAPTER VII - GENERAL, SPECIAL AND TEMPORARY PROVISIONS

SECTION I - GENERAL PROVISIONS

Article 95. The AMB will have a Department of Assistance and Social Security, non profit, aiming to provide its associated broader economic assistance as possible.

§ 1st The Department of Assistance and Social Security will have a board appointed by the Board of AMB, consisting of president, vice-president, secretary, 1st and 2nd treasurers.

§ 2nd The Department of Assistance and Social Security shall be governed by an internal charter approved by the Assembly of Delegates.

Article 96. In the case of AMB dissolves itself, the Assembly of Delegates, specially convened, will state, paid the debts and fulfilled the obligations of the entity, another non-profit organization with similar goals, to which should be allocated the remaining equity.

Sole Paragraph. In the absence, in the municipality, in the State, in the Federal District or in the Territory where the association is established, institution under the conditions indicated in this article, what remains in its assets will be returned to the State Treasury, the Federal District or the Union.

Article 97. AMB will edit a medical journal, a newsletter or newspaper and other publications of interest to its members.

Article 98. Every year will be held a national forum of the AMB federative system, having in agenda relevant themes on Medicine practice.

Article 99. The AMB will have a logo.

SECTION II - SPECIAL PROVISIONS

Article 100. The headquarters of AMB should be transferred to the federal capital.

SECTION III - TRANSITIONAL PROVISIONS

Article 101. This Statute shall come into force only after its regular registration with the Registry of Deeds and Documents, repealed the provisions to the contrary, being published in the Official Journal of the Union.

Article 102. The by-laws, rules and regulations should be amended or changed to be adapted to this statute.

Artigo 103. The secretariat should promote the renumbering of articles, paragraphs and sections, a proofreading, the adaptation of old articles to new and submit it for evaluation of the Legal Department.

Sign this document:

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President of the Associação Médica Brasileira
(Brazilian Medical Association) - AMB
DR. JOSÉ LUIZ GOMES DO AMARAL
President of the Assembly of
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ACRONYMS AND ABBREVIATIONS	
ABRAIDI	Associação Brasileira de Importadores e Distribuidores de Implantes (Brazilian Association of Importers and Distributors of Implants)
ABRAMGE	Associação Brasileira de Medicina de Grupo (Brazilian Association of Group Medicine)
AMB	Associação Médica Brasileira (Brazilian Medical Association)
AIDS (SIDA)	Síndrome da Imunodeficiência Adquirida (Acquired Immune Deficiency Syndrome)
ANAHP	Associação Nacional de Hospitais Privados (National Association of Private Hospitals)
ANS	Agência Nacional da Saúde (National Agency of Health)
ANVISA	Agência Nacional de Vigilância Sanitária (National Agency of Sanitary Surveillance)
APM	Associação Paulista de Medicina (Paulista Association of Medicine)
BAMB	Boletim da Associação Médica Brasileira (Bulletin of the Brazilian Medical Association)
CAP	Comissão de Assuntos Políticos (Committee of Political Affairs)
CAPS	Centro de Atenção Psicossocial (Psychosocial Care Center)
CBHPM	Classificação Brasileira Hierarquizada de Procedimentos Médicos (Hierarchical Brazilian Classification of Medical Procedures)
CCJ	Comissão de Constituição, Justiça e Cidadania (Commission of Constitution, Justice and Citizenship)
CD	Compact Disc
CFM	Conselho Federal de Medicina (Federal Council of Medicine)
CH	Coeficiente de Honorários (Coefficient of Fees)
CID	Classificação Internacional de Doenças (International Classification of Diseases)
CMLP	Comunidade Médica da Língua Portuguesa (Medical Community of Portuguese Language)
CNA	Comissão Nacional de Acreditação (National Commission on Accreditation)
CNHM	Comissão Nacional de Honorários Médicos (National Commission of Medical Fees)
CNRM	Comissão Nacional de Residência Médica (National Commission of Medical Residency)
CONAD	Conselho Nacional de Política sobre Drogas (National Council of Drugs Policy)
CONFEMEL	Confederação Médica Latino-americana e do Caribe (Latin American and Caribbean Medical Confederation of)
CPMF	Contribuição Provisória sobre Movimentação Financeira (Provisional Contribution on Financial Transactions)

ACRONYMS AND ABBREVIATIONS	
CRATOD	Centro de Referência de Álcool, Tabaco e outras Drogas (Reference Center of Alcohol, Tobacco and Other Drugs)
CREMERS	Conselho Regional de Medicina do Estado do Rio Grande do Sul (Regional Council of Medicine of Rio Grande do Sul)
CRTS	Câmara da Regulação do Trabalho em Saúde (Regulation Chamber of Health Work)
CSLL	Contribuição Social sobre o Lucro Líquido (Social Contribution on Net Income)
CSS	Contribuição Social sobre a Saúde (Social Contribution on Health)
DAC	Departamento de Aviação Civil (Civil Aviation Department)
DAP	Diretor de Atendimento ao Paciente (Director of Patient Care)
DME	Desenvolvimento Médico Continuado (Continuing Medical Development)
DoH	Declaração de Helsinque (Declaration of Helsinki)
DVD	Digital Video Disc
EC 29	Emenda Constitucional nº 29 (Constitutional Amendment No. 29)
ECA	Estatuto da Criança e do Adolescente (Statute of the Child and Adolescent)
EMC	Educação Médica Continuada (Continuing Medical Education)
ESF	Estratégia de Saúde da Família (Family Health Strategy)
FENAM	Federação Nacional dos Médicos (National Federation of Doctors)
FENASAÚDE	Federação Nacional da Saúde Suplementar (National Federation of Doctors Health Insurance)
FGV	Federação Getúlio Vargas (Getúlio Vargas Foundation)
FIEM	Foro Ibero-americano de Entidades Médicas (Ibero-American Forum of Medical Entities)
FIESP	Federação das Indústrias do Estado de São Paulo (Federation of Industries of the State of São Paulo)
GT	Grupo de Trabalho (Working Group)
HC	Hospital das Clínicas (Hospital of Clinics)
HPV	Papiloma Vírus Humano (Human Papilloma Virus)
IBGE	Instituto Brasileiro de Geografia e Estatística (Brazilian Institute of Geography and Statistics)
IDH	Índice de Desenvolvimento Humano (Human Development Index)
INCA	Instituto Nacional do Câncer (National Cancer Institute)
INEP	Instituto Nacional de Estudos e Pesquisas (National Institute for Studies and Research)

ACRONYMS AND ABBREVIATIONS

INPM	Instituto Nacional de Pesos e Medidas (National Institute for Weights and Measures)
INPC	Índice Nacional de Preços ao Consumidor (National Index of Consumer Prices)
IOT	Instituto de Ortopedia e Traumatologia (Institute of Orthopedics and Traumatology)
ISI	Institute for Scientific Information
ISO	International Standard Organization
JAMB	Jornal da Associação Médica Brasileira (Brazilian Medical Association Magazine)
MEC	Ministério da Educação e Cultura (Ministry of Education and Culture)
MP	Medida Provisória (Interim Measure)
NASF	Núcleo de Apoio à Saúde da Família (Core Support for Family Health)
OMB	Ordem dos Médicos do Brasil (Brazilian Order of Doctors)
ONG	Organização Não Governamental (Non Governmental Organization)
PCCS	Plano de Cargos, Carreira e Salários (Plan of Positions, Career and Salaries)
PCCV	Plano de Cargos, Carreira e Vencimentos (Plan of Positions, Career and Wages)
PL	Projeto de Lei (Law project)
PPS	Partido Popular Socialista – São Paulo (Socialist Popular Party - São Paulo)
PSF	Programa de Saúde da Família (Family Health Program)
RAMB	Revista da Associação Médica Brasileira (Brazilian Medical Association Journal)
SAMU	Serviço de Atendimento Móvel de Urgência (Mobile Service for Emergency Attendance)
SINAC	Sistema Nacional de Acidentes de Consumo (National System for Consumption Accidents)
SUS	Sistema Único de Saúde (Unified Health System)
THM	Tabela de Honorários Médicos (Table of Medical Fees)
UNICAMP	Universidade de Campinas (University of Campinas)
UNIDAS	União Nacional de Instituições de Autogestão em Saúde (National Union of Self-Management Health Institutions)
UNIMED	União dos Médicos (Union of Doctors)
UPA	Unidade de Pronto Atendimento (Emergency Unit)
USP	Universidade de São Paulo (University of São Paulo)
WMA	World Medical Association

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JAMB – nº 1364 – Jan-Fev / nº 1365 – Mar-Abr / nº 1366 – Mai-Jun – 2010
Rev Imagem. 2007;29(2):61-6.
Rev Imagem. 2006;28(1):63-6.
Boletim CBR. 2008;Fevereiro
Radiol Bras; 2002;35(6):351-5.

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Revision: Rosangela Monteiro

Print: Edelbra

Layout: Sollo Comunicação e Design
(Sollo Communication and Design)

Publisher: Associação Médica Brasileira
(Brazilian Medical Association)

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