



Original Article

Critical and reflective analysis of the film "Patch Adams: love is contagious" in the face of the power relations in the hospital setting

Análise crítica e reflexiva do filme "Patch Adams: o amor é contagioso" faces das relações de poder no cenário hospitalar

Análisis crítico y reflexivo de la película "Patch Adams: el amor es contagioso" ante las relaciones de poder en el ámbito hospitalario

Maria Rosa da Silva¹, ORCID: <https://orcid.org/0000-0001-7431-9266>

Maria Cristina da Costa Marques², ORCID: <https://orcid.org/0000-0002-7461-3710>

Alexandre Vinicius Xavier Penha³, ORCID: <https://orcid.org/0000-0003-3568-4302>

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Corresponding Author:

Maria Rosa da Silva

Email: enfamariarosa@usp.br



¹ Universidade Estadual de Ciências da Saúde de Alagoas, Maceió, AL, Brazil.

² Universidade de São Paulo-USP, São Paulo, SP, Brazil.

³ Universidade Estadual de Maringá, Maringá, PR, Brazil.

RESUMO

Fazer uma reflexão sobre a obra "Patch Adams: o amor é contagioso" em face da formação médica e de aspectos que perpassam demais profissionais de saúde, abordando as relações de poder no cenário hospitalar e a figura do palhaço. Como percurso metodológico, foi realizada uma análise acerca dessas relações expressas na obra cinematográfica. O longa-metragem é uma produção que relata a formação médica pelo Serviço de Saúde dos Estados Unidos, nos anos 90, a qual perpassa alguns ensinamentos até este momento. Dito isso, o filme é utilizado como meio de promover o debate sobre a figura do palhaço de hospital e a concepção de que ele irá resolver demandas da saúde em geral. Como resultado deste trabalho, foi analisado o modo de produzir a saúde na sociedade, ampliando o conhecimento de que é preciso repensar o modelo assistencial hegemônico, priorizando prestar um serviço acolhedor e individualizado de assistência interdisciplinar e transdisciplinar em saúde ao paciente.

Descritores: relações de poder; hospital; palhaço de hospital.

ABSTRACT

Reflect on the work "Patch Adams: Love is contagious" in the face of medical training and aspects that permeate other health professionals, addressing power relations in the hospital setting and the figure of the clown. As a methodological path, an analysis was made about these relations expressed in this cinematographic work. The film is a production reporting medical training by the US Health Service in the 90, which runs through some teachings until now. That said, the film is used as a means of promoting debate about the figure of the hospital clown and the conception that it will solve health demands in general. As a result of this paper, the way of producing health in society was analyzed, expanding the knowledge that it is necessary to rethink the hegemonic care model, giving priority to providing a welcoming and individualized service of interdisciplinary and transdisciplinary health care to the patient.

Descriptors: power relations; hospital; healthcare clowning.

RESUMEN

Reflexionar sobre la obra "Patch Adams: el amor es contagioso" ante la formación médica y los aspectos que afectan a otros profesionales de la salud, abordando las relaciones de poder en el ámbito hospitalario y la figura del payaso. Como vía metodológica, se realizó un análisis sobre estas relaciones expresadas en la obra cinematográfica. El largometraje es una producción que da cuenta de la formación médica por parte del Servicio de Salud de los Estados Unidos en los años 90, que pasa por algunas enseñanzas hasta el momento actual. Dicho esto, la película se utiliza como medio para promover el debate sobre la figura del payaso de hospital y la concepción de que resolverá las demandas sanitarias en general. Como resultado de este trabajo, se analizó la forma de producir salud en la sociedad, ampliando el conocimiento de que es necesario repensar el modelo asistencial hegemónico, priorizando brindar un servicio acogedor e individualizado de atención médica interdisciplinaria y transdisciplinaria al paciente.

Descriptores: relaciones de poder; hospital; payaso de hospital.

Introduction

This article aims to analyze the power relations present in "Patch Adams" (1). The movie was a milestone in showing, in the mainstream media, the possibility of a distinctive approach to health promotion, namely the presence of a clown in the hospital. Besides having the appeal of a biography that, fortunately or unfortunately, has been romanticized by Hollywood, the film starred the already acclaimed actor Robin Williams (1951-2014).

This is the story of Hunter Adams, a young adult who, after a suicide attempt, voluntarily chooses to be admitted to a psychiatric hospital. In this environment, he found meaning in his life by discovering an ability to help people. By changing his point of view regarding the concept of mental sanity, Adams begins to use techniques of good humor and kindness when interacting with others. Since then, he has awakened in himself the interest in studying medicine. Great was his disappointment when he entered the university and visualized the posture of arrogance, superiority, and coldness of professionals (the dean, for example) in the training of the doctors.

Patch, nickname given by a colleague at the psychiatric hospital, was a fearless academic, a challenger of rules and limitations since his first year of medical school. He used his creativity and empathy techniques to interact, infecting patients, families, nurses, and classmates. His posture and his questioning of the teaching-learning process in medicine favor pertinent reflections about the power relations that remain in the hospital.

Despite the new curricular guidelines with the reformulation of the course, competencies are perceived that are passed on in the training process and in the culture of being a doctor since the beginning, which implies some contemporary mismatches. Faced with this discontent, the proposal of the film is to suggest new methods of patient care in a welcoming way, with qualified listening and a relationship of friendship and compassion.

One of the main scenes in the film, within the context proposed for discussion, is the arrogant attitude of the dean when greeting the students on the first day of class: "I'm going to dehumanize all of you and turn you into something better. We're going to turn you all into doctors." This scene interconnects with other lines: "Patients don't need friends, they need doctors". Again, there is a reference to the medical professional with superiority, arrogance, a being that can solve everything by "having", in his hands, the life of the other. It is also commented: "Why do you want to lower us to the same level as the patient?" and "A medical institution makes its own laws; I train doctors".

In view of these behaviors, the protagonist of the film, Patch Adams, raises questions about the construction of the hospital scenario and how power relations, with their norms and routines, interfere in patient care. There is a search to understand the discipline relations for the effectiveness of the work and the impact of these activities on health.

Facing the theme of medical training, the protagonist also uses the figure of the clown to discuss power relations. Through his lightness and relaxation, he manages to get around this scenario, providing an opportunity for other lenses of care. One scene, in which the protagonist enters

the children's ward with a red nose, interacts with the children and promotes moments of relaxation and laughter.

But, at the same time, in the above-mentioned scene, inadequate working instruments are used, and there is a lack of compliance with the Regulatory Norms (NR 32) (2) that govern the conducts for the control of hospital infections regarding patient safety, among other precautions. Although the audience is told that they can do "anything" and break rules, it is worth noting that this movie production presents a fictional plot and, therefore, there are several aspects that allow discussions between ideal and real practices. That said, this paper intends to reflect and criticize the power relations in the hospital scenario and the figure of the clown.

Methods

In this work, an analysis was performed about the power relations in the hospital scenario expressed in the film "Patch Adams", a production that tells about the medical training by the United States Health Service in the 90's, which goes through some teachings until this moment.

In this way, the cinematographic work is adopted as a means of promoting the debate about the figure of the hospital clown and the conception that he will solve the demands of health in general. In addition, it is elucidated that the feature film is used as a reference in some hospital clown projects that adopt this story as a synonym of humanization of care.

As a result of this work, the way of producing health in society was analyzed, expanding the knowledge that it is necessary to rethink the hegemonic care model and prioritize the subjectivity of the user in the service provided. The discussion was distributed in three axes: "Power relations in the hospital scenario"; "Health work and professional performance" and "Health care and reflections on professional training".

Discussion

Power relations in the hospital setting

The hegemonic ways in which some health professionals act within the hospital setting imply situations of discomfort and disapproval. For the philosopher Michel Foucault (3), the milestone of modernity is the process of medicalization of society and life, strongly governed by the technologies of power and the mechanisms of control within the hospital.

This process reveals the biopower present in modern society as a power with the right to intervene, more and more, to make people live, determining their way of life, to control their accidents and their disabilities. This mechanism is a continuous and scientific regulation of "making live" at any cost (3).

There is subordination to a discourse, to a norm, which defines a code of standardization that results in the "sweet and disciplinary control of bodies" (3) and unfolds into a biopolitics that mobilizes and controls the management of life and acts on the population as a species. At this juncture, Medicine gains prominence as a biopolitical strategy, or rather, discipline represents the modern technology of governing bodies, a technique to create subordinate and useful individuals; biopolitics, in turn, was the political

technology of populations and both work from the definition of the normal.

Merhy (4) reported that the health restructuring process is always linked to a technological transition in which new technologies and even different configurations from the previous ones start to operate the production of new products or different ways to produce the old ones. By reflecting on the current way of producing health care in society, the knowledge that it is necessary to rethink the hegemonic care model in order to place the user's priorities in the service provided.

This change of perspective can be overcome in relation to the hegemonic neoliberal model by constituting an interdisciplinary, transdisciplinary, and collective mode of managed health care; sharing the work, allowing the construction of a close bond and commitment between the team of health workers and the users: this is one possibility.

Merhy (4) and Feuerwerker (5) have shown that, in the hegemonic place of production of health and care, there are disputes, lines of escape that point to the production of other health practices. It is interesting to note that those involved in the insertion of the clown's art in a hospital, who will be mentioned later, as well as the movie that fictionally brought this proposal to the screen, came from the United States of America, a country where the market logic is part of the culture and influences even the way of thinking about care and cure.

The above authors also highlighted the increasingly significant number of health workers who seek partnerships in favor of changes in health services and practices, considering their real work scenario. In addition, it is necessary to know your audience and the organization and functioning of the institution so that, after analyzing their own way of making sense of the problem to be investigated, a way of working that meets the demand can be proposed. Merhy (4) added that "the discomfort that mobilizes is also material for the analysis to make possible the knowledge of the mutual relationship: subject and object in production, in a militant act" and "We are protagonists at the same time that we are protagonized".

In the circuit of attention and care in health, the hospital clown bets on the strategy of health promoter as a differentiated service that respects the specificities and the potentialities in the construction of unique therapeutic actions, favoring an organization of the work in the hospital context by means of qualified listening to the users, in order to displace the attention from the pathology and the process of illness to the welcoming of their stories and life conditions.

The particularity of the user is attended to when his autonomy and integrality are validated. Specifically, the film exposes, through the arts, a resource to satisfy the patient's conveniences, but its limits and possibilities must be considered. In this sense, Path Adams' proposal is presented when advocating a medical practice that treats first the patient and then the disease (6).

The objective of this proposal is a search to rescue the medical action that used to happen in home visits, in which the health professional would relate to the patient and his/her setting and in which attention and empathy were priorities.

For Adams, when technological medicine began to dominate the practice of medicine, home visits were discarded and, therefore, the treatment process was inverted: the disease became the foreground (6).

The proposal of the film is an artistic intervention that generates a health-promoting side effect. On the other hand, the performance focuses on the construction of a reality different from that experienced in the hospital environment. In these circumstances, a space is proposed where play, games, and imagination are allowed and, therefore, the objective reality of tension and pain is, in those moments, left aside(7-8).

In view of these considerations, it is of interest that the activity of the hospital clown may be recognized for its therapeutic character, which complements the treatment for the relief and cure of the disease. This activity usually promotes laughter, relaxation, creation and freedom. In this way, patients, companions, and health professionals have a space to relax and live another experience, without denying the reality that presents itself.

The perspective of the proposed film suggests that clown performance in the hospital is possible for everyone and the will to do it is enough for the results to happen. However, the experience of the clown projects shows that a specific preparation is necessary for the will to do, in fact, to become a concrete action. Knowledge only becomes powerful if this doing is understood, when practice, based on study and observation, becomes an organic ability (7).

For the development of playful activities in the hospital, preparation is necessary. Since the selection process, continuous training, discussion of clinical cases for the understanding of pathologies in order not to exceed the limits in games, among other peculiarities considered, such as: clown training; biosafety; storytelling; musical playfulness and thanatology (7). To paraphrase the non-governmental organization (NGO) Doutores da Alegria: "The funny thing about our work is that it's serious" (9).

As mentioned, there is a "minimal" preparation for the performance of a clown, which complements health care. Thus, clown x health professional x patient are not isolated. For Spinoza (10) and Deleuze (11), when a body meets another body, potency is activated. This relationship is not indifferent because both bodies are affected, causing increased (positive) or decreased (negative) potencies.

How can the clown be faced with some mismatches in health care and not be affected? Should the clown enter and leave neutral? One has the impression that the managers of these environments need to say who is in charge and establish "power relations", informing the limits to participate and contribute in the hospital scenario.

In this sense, the film Patch Adams explores the existing clash. However, the way it is presented suggests a Manichean view of hospital relationships where there are "good guys" and "bad guys". This superficial vision presented does not discuss, in fact, the problematic of the production system in hospitals, molded to a business practice in which profitability prevents some relationships and choices.

Thus, the film does not discuss the functioning of the system that creates these power relations and produces a

shallow discourse, within a form that seeks a happy end, suggesting to the audience that change can happen by the will and perseverance of an isolated individual: the clown. It is necessary to analyze the functioning of the hospital scenario and its real interests to avoid a romanticized vision that the clown will “solve everything”. There are other issues to be rethought and reviewed.

In this way, it also points to another way of looking at these constructed relations, a historical materialist view of human making in which the human being is not only determined by his choices and actions, but also by the social space and the material conditions and means he has access to in order to produce life in several areas, including his social function as a health promoter.

[...]The mode of production of material life conditions the development of social, political, and intellectual life in general. It is not the consciousness of men that determines their being; it is their social being that, conversely, determines their consciousness (12).

The sophistication of health ordinances and health work determine the methodological challenges facing investigative processes. Depending on how the study is planned, only some of the multiple existing plans will be appreciated. This is also true for the access to the different actors involved.

It is particularly complex to access the production of care that takes place in the act and of which only traces can be found, some of them recorded in medical records and most of them imprinted on the bodies of those who were involved in its production (13-14).

Guattari (15) mentioned that every social worker lives in a fundamental political and micro-political crossroads, as he/she reproduces statements of the capitalist logic that are based on the relationship of power over the other, making new ways of expressions impossible. This means that there is no scientific objectivity at all in this field, nor a supposed neutrality in the relationship, as the supposed analytical neutrality (16), a dimension that has been largely disregarded in the capitalist society we live in today.

For Feuerwerker (5):

“The micropolitics, understood as the molecular plane in which the processes of subjectivation take place based on power relations, would be the plane to be analyzed. In the health field, since this is a process that is produced in the act, this option becomes even more important.”

Complementing the above quote, Merhy (16) pointed out that every health professional, regardless of the activity performed, as a health producer, is always an activator of care, even if the interventions are based on financial capital.

The aforementioned author, in fact, highlighted the production of new lines of power, from certain places of power, building a territory to act in health through user autonomy. Therefore, such a posture encourages a model of care that dismantles the logic centered on hegemony.

The work in health and professional performance

For Gomes and Schraiber (17), there is the consolidation of various forms of managerial hetero-control, up to the progressive instrumentalization of action through the increasingly common uncritical use of protocols and routines. The work in health has become a source of subordination of subjects to dynamics and structures over which they tend to exercise less and less control.

Ayres (18) highlighted that even in the face of intense technological and scientific development of health services; professionals have not been able to meet the real health demands of users. Despite all the technological investment at their disposal, the issues are often attributed to the relational level aspects and the attitudes of the professionals. Concepts were adapted to initiate discussions and reflections aimed at broadening the vision of care.

Faced with the visibility and invisibility of some health care in the face of what has been exposed, one wonders: why do some managers and health professionals not know about the “voluntary or not” work developed in “their” hospital? Are they “minor” services that do not cause lucrative impacts? How to present and include the arts in a health service? How to include the clown figure in the health discourse?

As the concepts are presented, a concern arises to analyze the activities of hospital clowns as health promoters in the hospital setting. From the perspective of the power relations in this environment, consequently, the hospital clown induces a direction towards a subjective care in patient care. Therefore, the artistic proposal does not seek to be an opposition to the medical practice, but an option that can also influence the way health professionals relate with patients and companions.

This concept was already present in antiquity. The Stoics defined this relationship of influence using the term “good mixtures,” which means the meeting in which “individuals coexist, without one destroying the nature of the other, in such a way as to allow the power of each to manifest itself” (19).

Currently, it is proposed the creation of mechanisms in health services that seek both to impact the daily way of welcoming users and to produce accountability among professional teams. In addition, there is the stimulation of the feeling of responsibility of professionals toward users in a combined movement of singularization of care and of organizational management and of the work process.

So, it can be said that the care model that operates today in health services is centrally organized from specific problems, within the hegemonic view of the neoliberal medical model, which clearly subordinates the care dimension to an irrelevant and complementary role. Moreover, it can also be stated that, in this care model, the action of the other professionals of a health team is subjugated to this dominant logic, having its specific and professional nuclei subsumed to the medical logic with its care nucleus also impoverished.

It is worth highlighting Coe’s “classic care model” 20. The development of a structure with technical and scientific availability is observed in the control of diseases until the limit of the cure, when possible; therefore, the medical treatment systems, many times, are developed through urgent and imperative procedures, with the need for decisive actions of

therapeutic interventions in order to prevent death, justifying the submission of the patient. This model turns the patient into a passive agent of medical care, which is legitimated by virtue of the preponderant criteria existing in the biomedical healing system.

Therefore, the neoliberal medical-hegemonic model expresses a group of social interests that designs a certain technological way of operating the production of the Health act, which impoverishes a certain dimension of this act in favor of another, which would better express the interests imposed for this sector of service production in the concrete society in which it is taking place.

For Merhy and Cecilio (21), the care, in an idealized way, received/lived by the patient, is the sum of a large number of small partial cares that complement each other, in a more or less conscious and negotiated way, among the several caregivers who circulate and produce life in the hospital. In this way, a complex web of acts, procedures, flows, routines, and knowledge, in a dialectical process of complementation, but also of dispute, makes up what is understood as health care.

From this position, the medical work, in the hospital structure, needs to be performed through the practices established by each institution, in the construction of criteria in which the technologies - whether hard, soft or soft - live together harmoniously, with empathy and a set of norms that are humanized.

According to authors Gomes and Schraiber (17) and Ayres (18), the discourses to transform health work processes with the production of relational and intersubjective practices based more on solidarity, subject autonomy, and cooperation - which include respect, integrality, centrality of care, welcoming in the production of assistance, and the combat against social medicalization - were initiated in the 1990s and 2000s.

Health care and reflections on professional training

This movement in favor of a comprehensive and collective care arose from these hegemonic social relations favored by capitalist relations. In other words, there was an understanding of the conformation of health practices in a dehumanized way from this critical approach that forces to apprehend the various movements and plans interrelated to this theme in the form of a complex totality.

In the film and in the book *Patch Adams* (1,6), this idea of integrality is visualized only in the proposal of clown performance in the hospital space, without a deeper discussion and without pointing out other possibilities. Therefore, the idea of a hospital clown ended up becoming an icon of a "humanized" approach, not because of the work developed by the real Patch Adams (1945) from the 1970s on, nor because of the pioneering work of the intervention by Michael Christensen (1947-) started in 1986, but because of the 1998 movie (22).

This is corroborated by Gomes and Schraiber's statement (17): "This process of uncritical internalization of social relations thus also forms a fundamental dimension of alienation at the private level".

That said, the idea of "dehumanization" should be better analyzed and problematized under the risk of reproducing theses that advocate an abstract and universal "humanism", inherent to the human condition and that would be "degraded" in current times. In effect, the use of the term "dehumanization" is questioned in an uncritical way.

Therefore, to approach these phenomena from the humanization-alienation dialectic seems more conducive to the apprehension of their complexity and movement; never humanization or alienation, but always humanization-alienation. Only thus, united, inseparable, polar and contradictory, can the richness and the contradictory nature of the real under hegemonic social relations be expressed (14).

It is necessary that the health professional can know his work process to obtain a critical and reflective consciousness and, thus, act in a way to avoid verticalized hegemonic relationships. In this way, acts of altruism, affective sensitivity, respect, ethics, and commitment to quality care must be part of the training and professionalism framework (8).

Likewise, it is indispensable, to those who propose the intervention through the figure of the hospital clown, the perception of the search for knowledge of the artistic process. Both health professionals and clowns should seek the means to make the various skills and techniques that involve the development of their craft and art, in fact, accessible and concrete.

Some studies have reported that the insertion of the clown in this environment favors (through his parodies) reflections on the health care provided to the patient, as well as provides a reflection on a horizontal relationship between health professional x clown x patient, with less superiority (7,9,22).

In this sense, it is necessary to analyze and reflect on the mode of market production within the hospital contexts. In view of this, some behaviors can reduce the power relations, such as: the cheapening of treatments, allowing the accessibility to social classes; the assistance to the patient in an interdisciplinary and transdisciplinary way; the decrease in the amount of care required by the professional, which favors an extension of the time directed to the care of patients and companions, as well as a more equal and fair remuneration to health professionals, without salary discrepancy between them, valuing the knowledge and work of all categories.

Conclusion

With the awareness of all that has been explained, however, it is visualized that the holder of knowledge and, consequently, of power builds, within the minds of his dominated ones, an illusory worldview, passing through generations as being everyone's conscience, turning them into an object of exploitation.

The maintenance of the current economic structure can be understood by the inversion of reality, which is found in law, in religion, and in the most diverse forms of control. Furthermore, it is noticeable that power relations remain in the face of diverse private interests.

Inclusively, behaviors are visualized, in the formal and

hidden curriculum and in academic training, which express eugenic relations in the scenario of assistance, as referenced in the film under discussion.

However, while acknowledging and recognizing the responsibility for the benefits of the hospital clown, it is worth pointing out that the hospital clown, by himself, should not be seen as the main piece for the improvements in the hospital environment in view of the power relations.

Now, for simplicity's sake, there is a vision proposed by the film that the clown, in the hospital setting, will ease the pains of the complexity of health care, even if his presence can be a generator of improving reflections.

Finally, the organization chart of the hospital scenario, the objectives and the interest of the capital in the activity developed, as well as the insertion of clown groups in this peculiar environment should be considered; this needs to be promptly evaluated to avoid misunderstandings as to the real proposal of Patch Adams.

In short, the hospital clown needs to be sensitized as to his function, his limits and his potentialities in order to take advantage of his specificity in favor of the proposal of reflection on the current model of health care, always considering the subjectivity of the human being and not the interests of profit.

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