

## Conflicts of Interest in Health - from Prevention to Mediation: A Systematic Review

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### Abstract

The article in question aims to establish a systematic analysis on the subject with regard to the different ways of preventing conflicts of interest in the health area. As well as providing subsidies, to assist possible mediations, when the parties involved in a given issue are unable to reach common agreement. In the background of the theme - introduction to the theme and justification for the research, we sought to address central questions about the understandings and concepts about what it is, conflicts of interest in health. The applied form was an analysis of the positive dimension that an eventual conflict can generate for the development of learning and significant exchanges between the parties involved. As a method, we sought to map knowledge on related subjects, through the Evidence-Based Health methodology, due to the eminently practical nature of its actions. As a result, despite an extensive search, only 13 RCTs retrieved from the studies met, only partially, the inclusion criteria established in the present study, but with research questions (PICOTs questions) quite different from the preliminary thematic clippings, established by the present study. Unfortunately, it was only allowed, only partially to apply the principles of Specificity and Sensitivity, due to the low reproducibility of the evidence obtained, due to the complexity of the topic that we decided to map the knowledge. So, in the face of the impasse, we decided to conclude the article with the presentation of a wide discussion on the topic of conflicts of interest in health based on the opinion of researchers, who are experts in the three major areas that today are involved with these issues of conflicts of our interest, Health, Justice and Education, which enables a broad analysis of the problem, in addition to the emergence of new research questions that will enable the construction of consistent knowledge on the topic. As important prophylactic aspects were highlighted to avoid possible conflicts, structured on good clinical practices, such as, focused on the improvement standards quality relationship by health professionals, for better grades acceptance by their patients, including, the effective favorable impact of therapeutic reception - affective confirmation / haptonomy (Valderman 1989), such as the establishment of a good relationship level for the establishment of a good level of mutual trust, the effective favorable impact of the therapeutic reception, construction of an efficient communication, based on the perception of the professional, that the patient actively listens to his speeches and actions, listening in the construction of safe relationships for the establishment of preventive actions for a future mediation of conflicts, which can appear during the course of a treatment, which is known in Behavioral Medicine and its instruments, as a rapport establishment, in order to reduce the degrees of rejection of patients, to the health care available to them, the so-called acceptability.

**Keywords:** Acceptability, Trust, Conflicts, Rejection, Mediation, Prevention, Professionals, Patients, Education, Health Based Evidence.

### Background

Conflict of interest in Health, is a very controversial topic. Diverse factors such as commercial, political, religious and social interests are involved; “inflated egos”, modern information and robotic technologies. On the other hand, we must not forget that within this discussion, there is still the “human being”, the person, with their beliefs and values that must still be heard, clarified and their decisions respected.

In the middle of these two areas, there are service providers,

who also present their needs, be they economic, clinical practices, ethics councils, etc., having a direct relationship with different forms of work, authority and legitimacy, understood as divergent and often understood as incompatible and irreconcilable (Nascimento, 2020).

Conflicts of interest are widespread and inevitable in academic life. The challenge is not to eradicate them, but to recognize and manage them properly (Alves, 2007).

A huge number of legal processes stagnating in the judicial systems of several countries, waiting for a solution through

a sentence (“sentence culture”), instead of having a culture based on the mediation of these conflicts, with recognition of the rights and beliefs of others, emphasizing the flexibility on both sides and determining a more adequate conflict treatment policy, exchanging the culture of the sentence for the “culture of pacification” (Watanabe 2011).

Evidence-Based Health (HBE) is a fundamental tool in mediation with regard to clinical, laboratory and conduct protocols, but it must be built in conjunction with health professionals and researchers and with the potential to be periodically reviewed. The enforcement of its application must be observed with care (Schuck 2005).

Many issues will still remain difficult to resolve, even at the highest levels. In religious matters, where the “judges” should, due to conflicts of interest, refrain from judging certain subjects, since they declare themselves to be practitioners or affectionate to any religion involved, this does not happen. As an example, the theme of abortion, where all the justifications for this discussion are based on religion, overlapping even with the fundamental right of bioethics, which is autonomy.

Health, clinical and hospital managers are expected to develop skills in conflict prevention, management and consensual resolution, and it is necessary to develop and deepen the knowledge triangle of the mediation process.

The central elements of the dynamics of conflicts of interest, namely: the prescribing health professional, the patient, the pharmaceutical industry in general, devices, and health care supplies.

Each has its motivations, social and political idiosyncrasies and economic needs; in addition to its own organization, either under routines and subroutines of neural modules and behavior when referring to the subject, as in the case of individuals; be it under financial-administrative routines and subroutines, as in the case of the legal entity - the industry.

The approach to these conflicts can be treated, provided that with appropriate techniques, through consistent interdisciplinary knowledge, in addition to personal maturity and willingness to make an affective approach to the human being, that is, a sense of solidarity, which drives relevant changes in refers to professional responsibilities and ethics. Historically, in the middle of the 19th century, a period when doctors were still wearing heavy fur coats and black clothes as a sign of distinction, the Hungarian doctor Ignaz Semmelweis, realizing that many professionals left the autopsy room for the Hospital’s delivery room. General of Vienna without changing clothes or even washing his hands, concluded that some unknown “cadaverous material” caused the extremely high mortality in parturients of approximately 13% (thirteen percent) (Risse, 1980).

In proposing that doctors wash their hands with a chlorine-based solution, Semmelweis found a drop to 2% (two percent), and later, when he returned to Hungary and managed to persuade fellow doctors to abandon dark-skinned suits and wearing white clothes, reached a further reduction in the mortality rate to 0.85% (eighty-five hundredths percent). Ideas about the transmissibility of pathogenic microorganisms (germs) through doctors were met with great skepticism in Austria, where Semmelweis developed this theory. In part, many doctors resisted the idea of having to change the elegant way of dressing to wear white clothes.

On the other hand, many did not believe that they could be serving as a means of transmitting disease. Like the relationship between doctors and pathological agents, in the modern

world, a new paradigm has developed in professional relationships, and it is necessary to adapt professional practice in the most diverse areas so that they assume more and more a function of managing disputes, projections and against-transfers, which are the genesis of conflicts, with a focus on responsibility and ethics. Naturally, the paradigm shift resulting from this new system requires a new professional approach aimed at resolving conflicts in a more efficient and constructive way. One of the first impasses, appears almost unconsciously, when in front of the patient, the professional chooses a drug, influenced only by biased research and not based on the best existing evidence. Be it due to your doubts and knowledge gaps linked to your incomplete training, which influence your indications of treatment modalities, pharmacokinetics, pharmacodynamics of medications, adverse effects related to therapeutic actions, side effects of medication, but also, uncertainties regarding the clinical findings of the diseases, etiology, clinical manifestations of the diseases, more accurate diagnostic tests, differential diagnosis and staging, prognosis of the diseases. It is therefore of great importance that health professionals undertake individualized continuing education programs in service, with a view to maintaining a good level of updating, and improving their interventional assertiveness, in an environment of uncertainty. In addition, the influence of others risk factors, generating even greater conflicts of interest of a different nature, existing in the establishment where this professional is inserted.

The present article aims to establish a conceptual analysis applied to good practices regarding the prevention and mediation of conflicts of interest in the health area. Thus, it seeks in particular to highlight the importance of prevention and the educational aspects involved in the processes and ways of preventing and resolving conflicts in the context of relationships between health practitioner and their patients.

To reflect on conflicts is to enter into a perspective where there is another way to exercise a certain profession, with ethics and professionalism. Where active involvement, participation and individual and collective responsibility are valued, through dialogue, and not through punitive means, not based on power over the other, but rather with the other, and thus fostering emancipation (empowerment), enabling protagonism to all the actors involved in this scenario.

The concept of conflicts of interest is based essentially on shock, clash of people who struggle, discussion and disorder. However, conflict can also be understood, from a more positive approach, as something inherent to human nature. People are unique, have different worldviews, paradigms, interests, needs and goals that do not coincide. So put, conflict needs to be considered as practically inevitable in human relationships (Ferreira, 2013).

In order to establish a conflict of interesting, there must be interference from at least one of the parties, hindering or preventing the realization of common interests, or the objective of another. This interference can be active, with the establishment of an action, or passive, with omission. The conflict involves power and is configured as a process. Studies on human behavior, point out that conflicts also have positive conceptions, of something substantial to individuals and their daily ways of living, in which conflicts are highlighted as a source of learning that can promote advances in the various forms of human relationships (Brito A, 2009).

As fundamental assumption, the present article has to highlight

the importance of human exchanges, the value of harmonious interactions between health professionals and their patients, as an element that is highly therapeutic. The relevance of the professional's understanding of the conflict, and best ways to manage it, requires attention to the greatest possible number of perceived and involved risk factors for the genesis of the observed outcomes, as well as the context in which they are established. So, it is intended to contribute to good health practices, as a way to clarify latent doubts and implement appropriate solutions. In other words, a contribution that can serve as a reference, to guide actions emerging in real life situations, and that at first, were established in a clash.

Therefore, an attempt is made to estimate a transforming action coefficient for conflicts, which depend on the recognition of existing differences and the identification of common and non-convergent interests of the parties involved, which with high frequency, may seem to contradict each other, resulting so the negotiation. In addition, it is important to raise the aspects related to the educational processes that are implicit in this process, both related to preventive actions and mediation actions. For this reason, the chosen method of analysis, for a topic with a high degree of uncertainty, such as conflicts of interest, was precisely Health Evidence-Based (HBE). HBE was organized

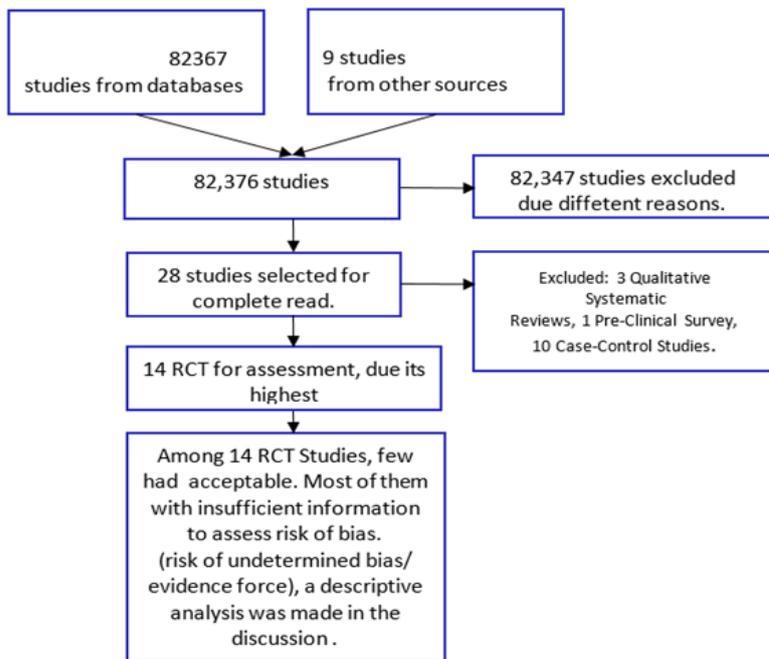


Figure 1: Prisma Flow

outside Cartesian Logic, but totally within the philosophical assumptions of Heisenberg's PARACONSISTENT LOGIC, which tolerates the co-existence of apparently antagonistic premises within the same syllogisms or hypotheses. Thus, it determines the types of relationships that may exist between variables or risk factors involved for the occurrence of an outcome, and not another, in addition to establishing criteria for associations between them, which makes it possible to estimate the confidence interval (CI) in an environment of uncertainty and a high degree of subjectivity as is the therapeutic environment "per se" (analysis by intention to treat) (Monson 2019).

In this way, the present study aims to propose an invitation to reflect on the different dimensions that are implicit (latent) in these relationships, which are constantly confronted in daily life, both with regard to diversity and mismatch, and between

Summary of Findings

Study	Modality	Participants	Outcomes	Level of Bias
Betancourt 2017	Behavioral Medicine	82 families / 170 children/ 123 caregivers	Improved mental health and quality of life	Uncertain
Rajabi 2020	Behavioral Medicine	156 people	Reducing Insomnia and improved quality of life	Uncertain
Vasconcellos 2020	Mind/Body Therapies	43 women	Improved gain muscle strength	Uncertain
Starks 2019	Motivational Interview/ Behavioral Medicine	240 people	Reduced level promiscuity and Drugs uses	Uncertain
Bendtsen 2020	Behavioral Medicine by Text Messaging	20 people	Reduced smoking	Uncertain
Ye 2019	Management Psychosocial Factors with Artificial Intelligence Resources	474 people	Improved mental health and quality of life	Uncertain
Behrendt 2020	Motivational Interview/ Behavioral Medicine	177 people	Reduced Insomnia and improved level quality of life	Uncertain
Thomas 2019	Behavioral Medicine/ Text Messaging Cell phone	250 people	Improved quality of life, and mental health	Uncertain
Ahorsu 2020	App-based cell phone Behavioral Medicine for insomnia and epilepsy:	160 people	Reduced Insomnia, improved levelmental health and quality of life	Uncertain
Srinivasan 2021	Reducing HIV Stigma by Behavioral Medicine	1413 people	Reduced HIV stigma	Uncertain
Nakimuli-Mpungu 2017	Group Support Psychotherapy in HIV	30 people	Improved quality of life and mental health	Uncertain
Perlick 2010	Behavioral Medicine as Family Focused Treatment Bipolar Disorder	46 people	Improved quality of life and mental health	uncertain
Bratt-van der Werf 2018	Augmenting Out-patient Alcohol Treatment . Behavioral Medicine.Motivational Interview	152 people	Reduced alcohol consumption , and improved quality of life.	uncertain
Hausmann 2017	Positive Psychology Intervention For Arthritis	360 people	Improved quality of life, and mental health.	uncertain

underlying perspectives and expectations.

Methods

With the objective of mapping knowledge on related issues, with regard to providing the highest degree of reproducibility of the implications for practice arising from the project on

screen, which translates into measuring the index of good practices in conflict mediation activity of interests, the Evidence-Based Health Methodology was used. Thus, a qualitative systematic review of the literature in flux (Webliography) was developed in the various electronic databases, COCHRANE, CAMPBELL, NCCMT / Canada, National Library Medicine (MEDLINE, PubMed, MesH, CLINICAL TRIALS), Rayyan (Qatar Computing Research Institute), EMBASE via Ovid, Capes Portal, Scielo, Google Scholar, Sci Hub, Lilacs, Bireme, The Cochrane Skin Group Specialised Register, The Cochrane Central Register of Controlled Trials (CENTRAL), AMED via Ovid, PsycInfo via Ovid, CINAHL (Cumulative Index to Nursing and Allied Health Literature) via EBSCO, Salford Database, ISI Web of Science, Health STAR, and 5 electronic databases trials register, The MetaRegister of Controlled Trials ([www.controlled-trials.com](http://www.controlled-trials.com)), The US National Institutes of Health Ongoing Trials Register ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)), The Australian New Zealand Clinical Trials Registry ([www.anzctr.org.au](http://www.anzctr.org.au)), The World Health Organization International Clinical Trials Registry platform ([www.who.int/trialsearch](http://www.who.int/trialsearch)), The EU Clinical Trials Register ([www.clinicaltrialsregister.eu/](http://www.clinicaltrialsregister.eu/)). As well as, addition hand search in books, periodicals and specific legal literature in a defined time interval between 2010 and 2021. The study was approved by the Ethics Committee of the Escola Paulista de Medicina EPM / UNIFESP / Brazil, and the research line Education for Health of GEPSOS / UNIFESP is part of the CONEP / Plataforma Brasil / Ministério da Educação number. 1197 / 008b.

As a search strategy, a question was elaborated (PICOT - problem, intervention, control, outcome, time), using several health descriptors / medical subjects headings (MesH Terms): conflicts interesting, mediations, mediators in health, mental health, random, quality of life, motivational interview, intersected by boolean logic operators thin, OR, AND, NOT.

The analysis of the quality of the evidence was made by submitting the studies selected under strictly within the Evidence-Based Health systematic statements, and the following scales were used in order to assess them:

COCHRANE COLLABORATION RISK ASSESSMENT TOOL, THE COCHRANE RISK OF BIAS TOOL (Higgins 2011) for randomized clinical trials. It has 7 domains (allocation sequence generation, allocation secrecy, masking of participants and staff, masking of outcome evaluators, incomplete data, selective reporting, other sources of bias), and it makes it possible to assess the quality of evidence for the study being analyzed.

NEW CASTLE SCALE FOR QUALITY ASSESSMENT OF CASE-CONTROL NOSGEN STUDIES: Evaluates the study selection criteria, comparability, exposure and results of case-control studies. <https://www.ncbi.nlm.nih.gov/books/NBK>

NEW CASTLE SCALE FOR QUALITY ASSESSMENT OF COORTER STUDIES (NOSGEN). Evaluates the study selection criteria, comparability, exposure and results of coorter studies. <https://www.ncbi.nlm.nih.gov/books/NBK>

AMSTAR CHECKLIST SCALE FOR METHODOLOGICAL QUALITY ASSESSMENT FOR SYSTEMATIC REVIEWS. Evaluates study selection criteria, comparability, exposure and results (Monson 2016 a). [https://amstar.ca/Amstar\\_Checklist.php](https://amstar.ca/Amstar_Checklist.php)

## Results

A total of 82,367 studies were found, in different electronic

databases, of which preliminarily 2509 studies were previously selected, from different designs of primary research (expert opinions, practitioner association guidelines, case reports, co-orter studies, case-control studies, and randomized clinical trials, in addition to secondary qualitative clinical research (systematic reviews), with varied according Estimated Percentage Information Reproducibility/EPIR (Monson 2019), according to their position/classification in the Evidence Pyramid. For reading in full, 29 studies were selected, 3 qualitative systematic review, 13 Randomized Clinical Trials (RCT) and 10 case-control studies, 1 pre-clinical study, 2 chronicles. The evidence quality It was assessed in only 13 (RCT), due its highest EPIR, therefore, with greater potential for information reproducibility. The sum of participants in the present systematic review was 4345 patients in all included studies.

Due to the incompleteness of the findings in the literature in flux, so that the retrieved studies were able to answer the preliminary PICOT question of the present research, on the intersected themes (Mediation and Conflict of Interest Prevention), in addition to a high degree of heterogeneity among the studies, it was not possible to draw up any meta-analysis graph.

Thus, in view of the relevance, the topicality of the theme and the scenario of scarcity of updated information in the literature in flux, the authors decided to elaborate a descriptive analysis of the data found, as well as to develop an additional comprehensive discussion on the topic based on literature printed and according to their respective expertise. The main results had been showed and detailed in two tables PRISMA FLOW, and a SUMMARY OF FINDINGS.

## Discussion

Conflict can represent an important growth tool, in the way we see a situation, a problem or an adversity. Conflicts of interest are widespread and inevitable in academic life. The challenge is not to eradicate them, but to recognize and manage them properly. (2)

Understanding the conflict in this way, leads us to the possibilities that can open up from a discussion, which can present more than one point of view, within the same issue. It is observed that practically all everyday situations can present at least four different aspects, which can, in a simplified way, be organized as the good of the good, the bad of the bad, the bad of the good and the good of the bad.

Is this the purpose of conflict mediation? Contribute to the analysis and identification of aspects?

Conflict means a lack of understanding between two or more parties; shock, coping, heated discussion; change. In the view of Psychobiology according to the behaviorist theory, it is a state caused by the coexistence of two stimuli that trigger reactions that are mutually exclusive (Michaelis, 2020).

Still according to the knowledge of Psychobiology, conflicts of interest, which do not present successful results, originally arise in environments with high levels of emotional stress from the parties involved, such as those observed in the Burn Out Syndrome (Monson 2019).

Conflict implies the participation of more than one person, and each has different opinions on the same subject. Conflicts exist in all social groups. The longer the group exists, the more emotions and feelings will be involved, the more personality and opinion shocks will occur. These are usually ego conflicts: (1) disputes over power and possession (possession); (2) prejudices (social, religious, cultural, etc.); (3) self-worth and devalua-

tion of others; (4) personal dislikes, etc. The conflict manager is placed as a mediator, conciliator and, often, a judge among litigants. "Inform, Train, Transform" Psychology - Theology - Psychoteology (Almeida Pinho 2016; 2019)

Based on this panorama, it is highlighted that the forms of prevention and mediation of these confrontations need to be widely studied and implemented in the area of health, in the relationship between professionals and patients, increasing and promoting the educational process implicit in this approach and the pacification in relationships, in addition to in being and quality of life.

Due to the high complexity of the issues involved with regard to aspects of the peculiarities of societies that served as a sample universe for establishing inferences that had the greatest possible external validity, in addition to the incompleteness of the findings in the systematic review in the researched literature, there was a consensus among the researchers involved, so that the approach of each of the authors of the present work was also taken into account, as they are specialists in different areas, in an innovative and interdisciplinary conception.

### **Relationship between professionals and patients in the health area.**

The manifestation of human nature is based on relationships. We are the fruit of the relationships we have had and maintain throughout our existence. When it comes to relationships, no situation is the same as another. Although there are patterns that are repeated, we consider that the learning is steadfast, allowing the change of the apparently repetitive pattern. It is in the relationship with the other, in the participation in the relational network, that we learn and develop.

Understanding conflict as a positive process requires socio-emotional skills, learned from the educational process. Thus, understanding that conflicts can generate a positive process in the relationship between those involved, represents a concept that involves analysis and interpretation.

On the other hand, when conflicts are not clarified and are not resolved, relationships deteriorate, and emotional and physical wear and tear between those involved often occur.

Conflicts arise from the incompatibility of various types of content. Specifically, the conflicts that occur in the relationship between practitioner and patient / client are generally content related to objectives or cognition.

With regard to objective content, these occur when the desired results are incompatible. Studies show that only 4% of dissatisfied customers complain when dissatisfied. Of the 96% dissatisfied whom do not complain, 60% to 90% return never more and will not leave any chance of knowing their dissatisfaction. Of those whom complain, about half of them continue to be customers and that number may rise when there is a quick and efficient solution.

The well-structured relationship between the patient and the health professional is decisive for success both in the professional, therapeutic and commercial aspects for both parties.

It is up to health professionals to promote this interaction, as it is possible to have educational and preventive tools and strategies that favor the relationship in the professional sphere. The relevance on this theme of "good patient x health professional relationship" is of immeasurable importance in the daily practice of clinical practice, in respectability and suitability with the patient and with society.

### **Aspects of the mind / body relationship.**

As it is one of a relational process in the practitioner sphere, it is emphasized that several points must be considered. First, the relevance of understanding the mind / body relationship is considered for the full understanding of the health care person. Manifest and latent aspects in the physical and emotional structure must always be considered, including in the deepening of the physical and mental illness. When a person seeks physical health treatment, often may have emotional needs arising from his career and life history.

Considering these aspects is of fundamental importance. The uncertainty principle must be taken into account, as the situation is not entirely in the hands of professionals, in view of each demand that clients may present.

Neuroscience points out that the human mind is programmed to anticipate threat and thus points to the importance of establishing a trust tie in the health relationship.

A relationship of trust needs to be built on values such as respect, ethics and transparency in health care. It must be based on the principles of humanization that health work requires.

Trust is an abstract concept, but without it we could not live, do business or feel safe. Trust is based on a relationship and it is possible to trust someone without them trusting you. In general, when people trust us, they believe we are strong enough to be able never disappoint them, actually a mistake. A relationship of mutual trust can only exist between two strong people (O'CONNOR, 2003).

Knowing how to get around and resolve daily issues can also be defined as diplomacy and thus be conducted throughout the process, even if they are small issues, not allowing them to be left without due clarification and take an unnecessary shape. It is important to highlight that at each service the relationship of trust needs to be taken care of and worked on.

One way that undoubtedly significantly reinforces the relationship of trust is welcoming and active listening.

Reception is a tool of great importance in humanization. Welcoming involves an interest, an ethical and caring attitude, a human, empathetic and respectful openness, based on active listening, which promotes bonding and assists in the assessment of risks and vulnerabilities, definition of priorities.

This allows, in theory, to prioritize needs regarding the time of care (differentiate more pressing needs from less pressing ones); distinguish between needs that are not always harmonious and treat them according to their characteristics. Thus, it involves, supposes and stimulates an individual and collective ethical sense, assumed to be fundamental.

It would also be opportune to deal with this issue in a commercial sphere, since professional financial success is also important, as this is our work and we take our salary from it, so it is convenient that we have this focus, thus being able to quote: The Success (Silva André apud Mckenna, 1993): Started in the 70s, the study of Relationship Marketing emerged with the perception of the importance of improving commercial transactions between companies and customers.

Relationship Marketing has become essential for successful and long-term interaction in the commercial exchange of products and services. For the success of this interaction, a long and arduous path is developed and requires the participation of all employees involved, regardless of hierarchy".

### **Communication.**

Good communication represents a fundamentally important re-

source in human relationships, and a relevant tool for that good clinical practices could be achieved. In this context, it is necessary for the practitioner to be able to integrate the data from the anamnesis, the analysis of the viable treatment possibilities, and the expectations of the public served, which contributes to the generation of the possible small number of doubts between the parties involved, which is available in an AD-HOC situational analysis, the most comprehensive possible.

In clinical care, the importance of listening to the client and their needs and possible dissatisfactions is highlighted. It is necessary to understand your reasons. If the reasons for the customer's complaint are consistent, we must acknowledge and admit their reasons. Then we offer you a suitable solution promptly.

Having an empathetic attitude and seeking to know your dissatisfaction is an act not only of humility but also of showing willingness to always do your best to meet the needs of the client. Finally, search for the causes of the incident and provide an objective, honest and transparent explanation, in language understandable to the client.

With regard to content related to cognition, it occurs when there is an incompatibility of values and ideas. In this regard, first, it is extremely important for the professional to ascertain in detail what values and ideas the client perceives about what he is hiring him for.

Objective and clear communication, care for your patient, the correct use of words, an appropriate language aiming at a complete understanding of the ideas to be transmitted; in addition to bodily communication and why not mentioning an "energetic" communication with the patient, they lead us to a total harmony with this other human being. We can even say that for this tuning to occur a phrase may well define it: "People lie, but their energy does not". (not found author)

Communication needs to be extremely effective, which will only occur if the professional assertively gets the client to understand the message he proposes to transmit. We usually communicate with the client through words, but we must consider that the gestures express the emotions we want to communicate, and in this regard, consider the importance of the gestures and observe whether there is coherence with their speech.

Communication should be carried out objectively in a rational and emotional aspect, highlighting all positive and negative factors in view of possible alternatives. It is necessary for the customer to understand and accept that what he is hiring / buying is the best he can hire / buy at that moment in the face of his own physical, mental, social, emotional and financial conditions. In order for the customer to feel secure in hiring a service, it is necessary that he has clarified in his mind the possible conditions of final result that he may obtain after the service is completed.

Faced with a conflict condition, the client will tend to emerge an emotional reaction to the situation. It is necessary to be flexible, ask logical questions so that the client can reason about his complaint and provide us with as much detail as possible his reasons so that we can take the necessary measures to minimize or resolve the situation.

At this point, it is necessary to present rational and sensible behaviors. Defense and avoidance behaviors should be avoided and realize that the criticisms are not personal, but that they are related to the customer's dissatisfaction with the expectation that he had in relation to the contracted product / service. Dissatisfaction should be analyzed if they are due to the cli-

ent's perception of the service, the organization, the service provided, the office / clinic environment.

The communication we first carry out with our inner world guides our actions and behaviors with the outer world. In the presence of interpersonal conflicts, it is important to check whether there are intrapersonal conflicts that may be related to the nature of actions and behaviors, and not to the situation itself.

In the conversation with the inner world, the use of a state of *alfagenia*, through a sequence of diaphragmatic and slow breaths, thoughts become more clarified. In this silence, there is the opportunity to dissociate, to apply empathy, an attempt may be made to understand the nature of the conflict, and to recognize the behaviors that arise in this conflict.

And even in this same state of *privage*, there is an opportunity to understand what will be the best behavior for the situation in order to obtain the best outcome in resolving the conflict.

Consider that there may be more than one solution to the conflict, choose the most sensible option, recognizing the most honest solution that can rescue the emotional comfort between the parties involved. Once the option is made, it should present itself if possible in the presence of witnesses so that the communication is clear to all parties.

#### **The nature of conflicts: an enlarged view**

Conflicts are inherent to human nature and to some extent inevitable, with an emphasis on labor and judicial relations. Conflict management implies the role of leaders, since the leader is expected to know how to resolve or even manage the situation. In different instances, we see dissatisfaction and the need for a facilitator, an intermediary, to serve as an alternative means of resolving conflicts in civil matters and when the object is litigious. This mediation has been debated among legal operators, as one of the alternative ways to the solution and already has trained technicians and registered in the courts of justice.

In work relationships or where defined roles are required, the conflict can be dimensioned, by the leader, as something to be avoided, becoming silent on the issue, or repressive, in a dictatorial stance and still denying, in a utopian vision, or wisely seen as an opportunity, in an optimistic posture that can bring about changes, true and significant, for the benefit of all. But it all depends on the context, the level of maturity of those involved, the nature of the task, the structure, climate and organizational culture.

This theme leads us to restorative practices in the field of Justice, in contrast to the traditional conception of criminal justice, retributive punitive justice. The idea that guides this reflection is to scale the possibility of acting preventively, in all instances, in a systemic approach, in an attempt to empower people based on the recognition of the family tangle, which, if well dimensioned, not only facilitates the resolution of intrapsychic as well as interrelational problems.

Since the eighties, integrative therapeutic techniques have been used, aimed at solving personal conflicts, which end up having repercussions in different situations. In this view, involving different professionals, it appropriates instruments that facilitate a new approach. In the scope of Education, with Systemic Pedagogy, different educators, such as parents and teachers, can develop joint actions with Mental Health professionals and thus with therapists, avoiding affective-social problems that prevent good social interaction and also a good school performance.

Recognizing that many of the feelings that interfere in relation-

ships are foreign, adopted by other family members, this intrapersonal aspect takes on an interpersonal characteristic, as it allows us to perceive the invisible web that is intertwined. It is understood, then, that all members of a family, living or dead, are energetically present in the family structure, profoundly influencing feelings, attitudes and even health.

This systemic view demands a new posture in the lives of professionals, not only an instrumentalization of techniques, but a great interior work, for a learning that allows to recognize how we affect and are affected by the social fabric.

Not only parents, but therapists and different professionals should recognize that in addition to thinking beings, we are vibrant beings, so a personal identity is not only associated with the rational mind, but in the higher vibration, in a quantum dimension: the divine essence, for some or for others. Many. This calls for a new look, with deep recognition that the social model we live in does not need a revision, for a new dimension of the judgment of values and social rules.

It is important to realize that personal, spiritual and collective growth happens through reconciliation. That it opens up to everything that life invites to live, to the new understandings that favor all those involved, on a premise: it is only good for one, if it is good for all.

#### **When conflict mediation is necessary.**

Mediation is a technique, which has strategies aimed at interlocution and intervention to facilitate the development of a situation that may include interests, conflicts or shared objectives. It can include people or groups.

Mediation is the private conflict resolution technique that has been demonstrating, in the world, its great efficiency in interpersonal conflicts, because with it, the parties themselves find the solutions. The mediator only helps them to look for them, introducing, with their techniques, the criteria and reasoning that will allow them a better understanding (Vezzulla, 1998).

It is a much more comprehensive alternative mechanism, because despite using the figure of a mediator, in practice, the resolution of the conflict is decided by those involved and directly interested in the case, who with the support of the third party reach a common point with more discernment and self-knowledge.

Mediation is a non-adversarial conflict resolution technique, through which two or more people (physical, legal, public, etc.) turn to a neutral, trained specialist who conducts joint and / or separate meetings, with the aim of to encourage them to obtain a consensual and satisfactory solution, safeguarding the good relationship between them (Ferreira, 2013, Apud, Braga Neto, 1999).

As discussed above, mediation can be understood as assisted negotiation or negotiation catalyzed by the performance of a mediator who, unlike the magistrate in the judicial process, does not make decisions of material content - as if he were a judge of fact and of law. It should be noted that mediation has the essential characteristic of being a constructive process as it rebuilds the social relations eventually affected by the conflict. In this context, there is a need to adapt the health professional to develop the necessary skills to make self-composing processes such as Mediation effective. The need for professionals working in the health service is created, to understand this model of conflict resolution in search of improving the quality of service provision, mitigating risks and ethical and legal inflections.

Mediation skills (or techniques) are the essence of the process. The role of the health professional in the mediation process must be based on the fundamental characteristics of the mediation process, according to which an exchange of information is stimulated; the party is helped to better understand the other party's perspective; it seeks to express interests, feelings and issues that are not necessarily legally protected, however, they can contribute to the composition of the controversy; dialogue aimed at improving the relationship of the parties in the future is promoted (and not in an attribution of guilt or responsibility, as in the judicial process); the party is encouraged to seek creative options for resolving the dispute based on the interests of the parties; among others.

In this sense, it is noted that mediation cannot be understood under a contentious dimension. Whoever acts in the mediation process must act with the intention of composing the controversy in a creative way and encouraging each of the involved parties to understand the needs of the opposing party, to seek options for mutual gain, to improve their sense of empathy, among other conducts. It is not by chance that there is a strong component of interdisciplinarity that is expected from the professional who acts in mediation, after all, it is expected from him to understand some notions of psychology, law, accounting, statistics and administration so that efficient proposals of agreement can be made.

Conflict is an element of life that inevitably permeates all human relationships and contains the potential to contribute positively to those relationships. In this sense, if conducted constructively, conflict can provide personal, professional and organizational growth (Morton Deutsch, 2000).

#### **Mediation process**

According to the "Straus Institute for Dispute Resolution", from Pepperdine University School of Law, mediation can be considered facilitating or evaluative. Facilitating mediation is described as "pure", or "interest-based", and evaluative mediation is described as "rights-based".

The distinction is actually a continuum. Some mediators tend to be more facilitating, while others are more evaluative, but most use both facilitative and evaluative techniques, even in the same mediation. In facilitating mediation, the process tends to be more informal, very similar to the general description of mediation, its focus is to facilitate communication, correct erroneous impressions, explain what led to the dispute and clarify the perspective of each party. The mediator has a non-intrusive role, with no expression of opinions or predictions about the outcome. The primary criterion for assessing possible solutions to the dispute is how mutually the options satisfy the interests of the parties.

In evaluative mediation, the mediator often actively questions and discusses issues with participants during a joint session. Aware of the need to provide evaluative feedback, the mediator feels the responsibility to fully understand the parties' factual and legal arguments, locate disagreements and assess how they may affect reconciliation. After a joint session, the mediator can present his assessment to each party separately. This allows the mediator to mitigate an unfavorable assessment, explaining diplomatically so that the party has confidence that their arguments have been considered and understands the points where the mediator can disagree.

At the end of this phase, the mediator can assume a more facilitating role, to allow the parties to jointly develop a resolution

for aspects of the mediator's assessment, or use the assessment to generate a new approach in order to negotiate a resolution. The mediation process is dynamic and can oscillate between the evaluative model and the facilitator. The mediation process consists of five steps

- i. Pre-mediation - is the process of bringing the parties together and determining how mediation will take place. During this stage, the parties and the mediator must determine the terms of the mediation.
- ii. Openness - The mediator explains the process, establishes basic rules, as well as helps the parties to define the issues and establish the agenda.
- iii. Communication - At this stage, the parties present their views on the dispute.
- iv. Negotiation - During the negotiation stage, the parties explore, with the help of the mediator, possible solutions to the dispute.
- v. Closure - the mediator obtains a written agreement between the parties, resolving the dispute.

### Legal aspects of mediation.

The term legal mediation refers broadly to any instance in which a third party helps others to reach an agreement. More specifically, mediation has a structure, a timetable and a dynamic that "common" negotiation lacks. The process is private and confidential, possibly mandated by law. Participation is normally voluntary. The mediator acts as a neutral third party and facilitates, instead of directing, the process. Mediation is becoming a more peaceful and internationally accepted solution to end the conflict. Mediation can be used to resolve disputes of any magnitude. The term mediation, however, due to language, as well as national legal standards and regulations, is not identical in content in all countries, but has specific connotations, and there are some differences between Anglo-Saxon definitions and other countries, especially countries with a tradition of civil and statutory law (Trenczek, 2016).

In many countries, as Brazil, for instance, mediation is still little developed, only with the amendments to the Code of Civil Procedure in 2015 the consensual solution of conflicts is treated as a fundamental principle of Brazilian civil process, being highlighted in an exclusive section to take care of the theme (arts. 3, §§ 2 and 3 and articles 165 to 175).

Mediation is dealt with, in a specific and more comprehensive way, by the Mediation Law, whose publication took place three months after the edition of the Civil Procedure Code (Law No. 13,140 of 26 June 2015 "Provides for mediation between private individuals as means of dispute settlement and on the self-composition of conflicts within the scope of the public administration; amends Law No. 9,469, of July 10, 1997, and Decree No. 70,235, of March 6, 1972; and repeals § 2 of art 6 of Law No. 9,469, of July 10, 1997)

According to the law, the method can be used to resolve conflicts concerning available rights or unavailable rights, as long as they admit a transaction. The principles of mediation are established in art. 2 of the referred legal text, namely: impartiality of the mediator; equality between the parties; orality; informality; autonomy of the parties' will; search for consensus; confidentiality, and; good faith.

The Mediation Law defines two types of mediator: the extrajudicial mediator and the judicial mediator. Any capable person who has the confidence of the parties and is able to mediate, can exercise the activity of extrajudicial mediator, regardless

of integrating council, class entity or association.

In turn, to exercise the function of judicial mediator, it is not necessary for the interested party to be a servant of the Judiciary, and any person capable of acting as such, provided that he has graduated at least two years ago in any higher education course of an institution recognized by the Ministry of Education and which has been trained by a training entity, recognized by the National School for the Training and Improvement of Magistrates (ENFAM) or by the courts.

### Educational aspects

By highlighting the importance of educational aspects in the conflict prevention and mediation process, it seeks to sustain the strengthening of performance with educational resources and strategies aimed at the democratization of relationships in health services.

It starts with a reflection on the concepts of health, illness and care and learning, as elements that support the educational processes, in the context of health.

Thus, defining educational objectives, which promote learning about health actions and procedures, can influence the improvement in the quality of relationships between professionals and clients, minimizing conflicts and also understanding possible disagreements, such as learning possibilities. It is pointed out that the conflict itself does not necessarily require a solution because it is part of the human relationship, in the daily life of interactions. What can be clarified and / or resolved are occasional disputes, specific confrontations, which can originate in conflicts. (Vasconcellos, 2008).

This aspect reinforces that educational actions in the scope of health, can bring significant benefits in the prevention of conflicts that give rise to disputes with complicating characteristics in the established relationships. It is a line of action called Education for Health.

There is no single model or single way to educate. Education occurs from the moment it is observed, understood, imitated and learned. Education in different contexts, requires a broad knowledge of all aspects related to the conjuncture of performance (Libâneo, 2002).

It is, therefore, a planned action to create and systematize procedures and protocols with a focus on educational actions, with intentional objectives to promote knowledge related to health treatments.

The understanding of the need to implement the welcoming and protagonism strategies of the person served, as a way to bring them personal development and commitment to health treatment, are fundamental aspects for the expansion of knowledge and transfer of learning, in an educational approach. This goes beyond mere verbal communication, as it requires a guarantee of understanding by the client, regarding the wide range of possibilities of possible outcomes resulting from a treatment. Thus, the educational intention placed on care, aims to provide the greatest possible understanding of the client about their health situation, modalities of intervention strategies (forms of treatment) to be offered. It also includes the risks involved, the possible outcomes, consequences (favorable and expected, unfavorable and unexpected), in addition to possible complications. It is also noteworthy that, multiprofessional knowledge, aggregated in an interdisciplinary approach, promotes assertiveness and the highest quality of the services provided.

Thus, the aim is to create a scenario for the production of care, education for health, with the aim of creating and developing

professionals and users of health services, leading, interacting with intentionality.

### Health ethics

The Philosophy of health is used on the human condition. Considered as a branch of philosophy, ethics aims at reflecting on how to act in human relationships. With regard to the prevention and mediation of conflicts in health, what is intended is to define what should be taken into account, for a relationship guided by ethics.

The need for ethical exercise with the other, must establish actions of assistance, care, attention, qualified listening, based on acceptability and confidentiality, in addition to the search to get to know him better to understand him better.

When perceiving the human in relationships, with attention focused on understanding the existential dimension, conditions are created to understand that this being is in constant transformation, since its nature is contextual. People are contingent, with differences.

In this scenario, a conflict can emerge, both as part of the relationship, and as a process of mutual knowledge "per se". Therefore, it is necessary that, based on the commitment established, with the search for mutual understanding of the conflict situation, a systemic vision and approach to the health promotion process is developed. This is also thinking, "living health". Thus, the health promotion process provides for an effective inclusion of the other, in addition to caring for oneself. This process needs to be idealized, planned and lived within a Health Education perspective, areas closely linked in the formation of the systemic process to expand this understanding in human health relationships.

When the health professional assumes the intention of including the patient integrally in his / her health management process, it is important that he / she be placed in a real place of protagonism, within ethical principles, with profound respect. Such action requires a high degree of self-knowledge on the part of health professionals. The humanization of health can only occur if this look for oneself and for the other happens, in addition to thinking about health relationships based on ethical values.

## FINAL CONSIDERATIONS

### Implications for Practice

In spite of other important facts that contributed to definitively change the course of history since the beginning of the twentieth century, such as the crash of the New York stock exchange in 1929, the two great world wars, the AIDS epidemic, etc., it was really the creation of the international computer network, the Internet and the consequent globalization of the transit of information, which produced in the last 40 years, a change in customs of such magnitude that, if this event had not occurred, certainly the changes observed in the period, it would take about 100 years to happen, that is, we evolved the equivalent of one century in just 4 decades, which produced a true revolution in customs and lifestyles, and led to an unprecedented simultaneous development in humanity, in the same way, as nothing had been so uncertain and paralyzing for the planet as the pandemic of Covid 19.

The condition of widespread inclementity impacted the planet by the new coronavirus pandemic, has forced the need for a deep global overhaul, including the one already proposed by the International Economic Forum in Davos / Switzerland,

post-pandemic, the big reset, absolutely, under different perspectives.

The biggest obstacle is to transform this need into global consensus actions for a global ethical reformulation.

So it is strongly suggested that from now on procedures should be adopted according to rigorous and systematic scientific criteria for an effective, efficient and safe handling of old problems in the search for better quality solutions than has been observed until today, with the aggravation of over position of the harmful consequences present, which constitutes the so-called "new normal", including a new perspective to address issues related to the prevention of conflicts of interest in health and the mediation of established conflicts, as well.

Thus, despite the high intrinsic complexity, the Evidence-Based Health paradigm is shown to be the best tool in science today for the search for growing levels of assertiveness. In this order of ideas, the present study aimed to point out the relevance of the elaboration of an AD-HOC situational analysis, the most comprehensive possible, and thus to enable safe, effective, efficient clinical decision making, minimizing the chances of occurrence of adverse events, including psychosocial ones, such as conflicts of interest. Thus, according to the Evidence-Based Health criteria, when a pragmatic preliminary mediation of indirect and confounding risk factors is involved, in a clinical event, which could lead to potential adverse and unexpected events, and therefore conflicts of interest, it passes then, to control them so that, with the highest possible prevalence, assertive and minimally satisfactory decisions to all parties involved in a clinical course, become effective.

Among the resources available to achieve greater assertiveness, those of Behavioral Medicine from the perspective of Evidence-Based Health, have shown acceptable results. These point out that intrinsically, the complexity of the practitioner relational dynamics of health / patient is already high, due to important intrinsic psychodynamic mechanisms inherent to the clinical act, such as projective identification and other phenomena, and it is essential that practitioner know them in depth, been masters in the universe of psycho-social communication strategies in Behavioral Medicine from the perspective of Evidence-Based Health (Motivational Interview, Hypnosis, Meditation, Biofeedback, Cognitive Behavioral Therapy, Breathing and Relaxation Practices, Psychoanalysis), associated with each other, in a frank criterion of Health Education.

According to the evidences produced in Contemporary Neurosciences, such resources produce *alfagenia*, that is, a brain predominance of alpha brain waves, therefore highly salutogenic to the Psycho-Neuro-Immuno-Endocrinological axis, neutralizing the dysfunctional effects of physical emotional distress (Hans Selye's General Adaptation Syndrome / Poly-glandular Fatigue), due the conflicts of interesting.

Since the resources of Behavioral Medicine greatly help the practitioner, to make the patient know, whether the real limitations imposed by their clinical condition, or with regard to the adoption of possible and viable therapeutic resources for their case. In these circumstances, it is essential that the practitioner learn to create in the care setting, in a welcoming atmosphere, of serenity for the patient. An environment that allows the patient to relax naturally and reach a state very close to the state of *alfagenia*, which is fundamental for the establishment of high quality communication and making the emotional environment more conducive to effective, efficient and safe procedural interventions, one of most important aspects of so-called

good clinical practice.

Therefore, it is essential that each health practitioner be able to plan and implement of an individual continuing education program in service, aiming at a permanent update in a constantly changing scenario, as clinical environmental actually is.

In these scenarios, the more elective the care is, that is, the patient's life is not at imminent risk, the more his views and values need to be considered in the AD HOC analysis. Such attitude of the practitioner, represents for most patients, gestures of attention, welcoming, pragmatic listening and protagonism directed to him, making the anamnesis "per se" therapeutic (Monson 2019). And so, to interfere in an absolutely objective way, to build a transference psychoanalytic relationship as positive as possible, generically known as RAPPORT, or therapeutic alliance. Thus, there is a possibility to minimize chances of competition, criticism and conflict of interests, since the values and points of view of the patients were at least heard and, obviously, validated or discarded, by the practitioner, who should have the last word, regarding clinical decision-making, sealing a preliminary agreement between the parties involved, strong enough, to withstand the relational challenges (transferential / counter-transferential) that the next phase of the therapeutic act imposes in the real world.

During the treatment execution phase itself (procedural phase), where risk factors that may modify the clinical course may arise, which were not considered in the planning phase, for several reasons, many of them not evident, even in an AD HOC analysis well executed. In practice, it means that there is no possibility of actually guaranteeing that the desired outcome will be achieved with 100% certainty, simply because one is dealing with the biological aspects of life, in essence. If this occurs, the therapeutic alliance preliminarily built between the professional and the patient is seminal, and constitutes the decisive element in the direction to which the direction of the interventions should follow, we are talking specifically, from the bias of innate subjectivity to therapy, the patient's skills and competences, or disabilities, and dealing with their frustrated expectations, if by chance the goal initially planned and intended, even so, has not been achieved. This is a knowledge field that has been extensively studied in Evidence-Based Health, as scenarios are also reflected in the principles of uncertainty inherent in the clinical act.

Mediation was also analyzed, as an educational process, its different modalities, the steps provided for in the existing protocols, the legal aspects that govern these procedures as a legal instrument and also the personal skills and competences of each practitioner, to be developed for the management of these frameworks in the performance of their duties. In the final considerations, with regard to the implications for the practice, innovative views were addressed, such as the highlight, the relevance of the use of strategies that enable the mutual understanding and understanding of the conflict resolution process. In addition to the fundamental and legal role of mediation and mediation, promoting pacification and related learning, as well as the importance of this systematization of knowledge, for the effective implementation of conflict mediation, through the duly qualified extrajudicial mediator. With regard to the implications for the research, there was a need for more and better research related to the theme in the area of health, such as the present work, despite some intrinsic incompleteness that it sought to demonstrate.

The adoption of the set of recommendations recommended in

this systematic review, proved to be effective in helping to reduce, at least in part, the degrees of rejection of patients, to the health care available to them, the so-called acceptability.

Acceptability consists of an empirical measure, which assesses the degree of patient satisfaction with health care, which it was made available to him, in the clinical care setting.

This measure can be influenced by different factors, such as, appropriateness of communication between care providers and their patients; characteristics of the human warmth involved in the service - affective confirmation (goodwill / haptonomy, welcoming, protagonism, active listening, scope of this care in relation to the patient as a whole; full belief on the part of the patient as to the trust, confidentiality and privacy of the information shared between him and his health service providers in question. (Katz 2001)

These items are so-called as psycho-social aspects of good clinical practices, something absolutely valued in the Healthcare Network Consumers, within the Evidence-Based Health paradigm, and has been researched as the Knowledge Education for Health in the perspective of Scientific Evidence.

### Implications for research

The evidence obtained points to the need for better scientific production than our systematic review revealed, in particular, with an emphasis on randomized studies, which enable the sample universe to have participants with a greater degree of representativeness in the spectro of conflicts of interest, in different scenarios.

It should be noted that the topic of Mediation of Conflicts of Interest already has several publications, mainly in the legal area, an area that guides the guidelines and legalization of the process.

It turns out that publications in other specific areas, such as health and health education, are scarcer and thus require further study. In this way, this publication sought to deepen the theme further in the field of health, making a contribution in this sense, but with emphasis on the urgency of research with better methodological quality.

This knowledge opens the possibility of frank dialogue between the health professional and the patient, which is strongly recommended to be widely explored during the AD HOC analysis, including and especially with regard to the possible risks that the interventions may produce, and that go far beyond the expected and favorable outcomes, but also the possible risk margins for unexpected and unfavorable outcomes, as well as the possibilities of achieving only substitutive outcomes, such as, in the case of chronic degenerative diseases, the reduction of doses of medications for maintenance of certain clinical conditions, as well as increased intervals between crises.

In this sense, on a broader level, it is absolutely clear that, based on the Evidence-Based Health paradigm, we have already taken the time to start a broad discussion on when health sciences will finally begin to be analyzed in a much closer perspective the reality in which we live, that of being much more sciences of the means than of the results.

Due to the greater conflicts of interest that such discussions will produce, it is important that there is legal certainty, strong enough that tranquility to analyze new ideas is possible. Thus, we will certainly be, with our scientific reasoning much more refined, as we come to understand the existence of an inexorable intrinsic subjectivity in the human experience of the disease.

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