

# ***JUDICIALIZATION OF HEALTH IN RONDONIA STATE: CASE STUDY***

## ***A JUDICIALIZAÇÃO DA SAÚDE EM RONDÔNIA: ESTUDO DE CASO***

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**ABSTRACT:** Needy person from Rondonia State makes use of essential medicine to the maintenance of his life every monthly. Attending the health center, as usual, receives government negative in providing medicine, which led to propose obligation to petition - Article 461 of the CPC. In its submissions, the public defender tells the fact that the drug is essential for sustaining life the same. The judge, craft, granting preliminary injunction determining the immediate bank account blockade of the Treasury, subject to application of a daily fine by default, on the grounds that the right to health must take precedence over the principle of immunity from seizure of public resources, seeking with this that with the blocking of funds is achieved effecting the prevailing law. This hypothesis is the case study on the subject.

**KEY WORDS:** Health Human Rights. Judicialization. Subjective passive polarity.

**RESUMO:** Pessoa carente do Estado de Rondônia faz uso de medicamento imprescindível à manutenção de sua vida que recebe mensalmente do governo. Comparecendo ao posto de saúde, como de praxe, recebe a negativa no fornecimento do medicamento, o que motivou a propor Ação de obrigação de fazer com base no artigo 461 do CPC. Em suas alegações, a defensora pública informa o fato de o medicamento ser indispensável à manutenção da vida da mesma. O

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juiz, de ofício, concede a tutela liminar determinando o imediato bloqueio da conta bancária da Fazenda Pública, sob pena de aplicação de multa diária pelo inadimplemento, ao fundamento de que o direito à saúde deve prevalecer sobre o princípio da impenhorabilidade dos recursos públicos, buscando com isto que com o bloqueio das verbas se consiga a efetivação do direito prevalente. Da hipótese é apresentado o estudo de caso sobre o tema.

**PALAVRAS-CHAVE:** Direitos saúde. Judicialização. Legitimidade passiva subjetiva.

## Introduction

Rondonia is a Brazilian state whose contemporary society is marked by a structural paradox, which is true for all of Brazil. On one hand, there are a number of health-related social achievements in formal terms that have been accomplished with the enactment of federal, state and local laws. On the other hand, this co-exists with the fact that some segments of the population still live in undignified socioeconomic conditions, especially if they are in need of clinical or outpatient treatment, specifically medication and hospitalization.

In this context, the analysis of case law on the subject, particularly the judgments rendered by the Superior Court for the Secretary of Health of Rondonia as the constraining authority, is justified by the need to understand who holds the responsibility to ensure effectiveness for the right to health in Rondonia society.

The general objective of this work is to understand the jurisprudence on the passive legitimacy of the Secretary of Health of Rondonia, when he is touted as the constraining authority in deferrals of injunctions in writs of mandamus to procure medicines and hospitalizations, which has caused a mass of lawsuits in the state of Rondonia, being ultimately judged by the Superior Court.

The special aims are: (I) to analyze the precedents of Judicialization of the Brazilian Superior Court, and (II) to study the pertinence of subjective passive polarity in lawsuits filed before the judiciary; particularly for obtaining medicines and hospitalizations in Rondonia State.

The research methodology is divided into two approaches:

(I) **Theoretical Approach** - the literature review and methodology used in this first approach were chosen from works addressing elements of the researched

topic to be studied and discussed.

(II) **Exploratory Approach** - exploratory research of subjective passive polarity precedents originates from the special selection query platform installed on the Brazilian Superior Court website. The terms used in the search tool were “legalization of health,” and “Rondonia.” The time frame for the study of precedents is the year 2013.

The theoretical framework chosen to build the main concepts underlying the analysis were judged on the theme emanating from the Brazilian Superior Court of Justice by the work of Ingo Wolfgang Sarlet, *The Effectiveness of Fundamental Rights*, dated 2010; the joint work of Deborah Alves Maciel and Andrei Koerner, *Senses of Judicialization of Politics: two analyses*, dated 2002, and the books by Ricardo Lobo Torres, *Right to Existential Minimum*; and Luis Roberto Barroso, *The Constitutional Law and its Effectiveness Standards*, in 2009.

## 1. The right to health as one of the fundamental social right in Brazil

This right was established in art. 6, of the Constitution of the Federative Republic of Brazil in 1988 - CRFB/88 - and represents a fundamental social right of the Brazilian people and Rondonia state<sup>2</sup>. Thus, in 1990, the effective creation of the Unified Health System - SUS - was removed from legislation, and the Brazilian government began providing health in a decentralized manner with three federal entities (federal, state and municipalities).

To elucidate the lack of knowledge about medications and hospitalization, the Superior Court convened on May 2009, the public hearing entitled “Legalization

<sup>1</sup>In the Brazilian Federal Constitution of 1988, two articles are very important: Art. 196 of CRFB/88 states that health is a right and is the duty of the state to provide it to the public, as well as to provide the promotion, protection and recovery of health as established by the principle of universality and Article 198, item II of CRFB/88 which stipulates that the state has the duty to provide all conditions necessary to citizens for the prevention and recovery from disease, and to have access to health service delivery, adhering to the principle of integrity.

<sup>2</sup>Sarlet explains that: “We have to acknowledge that the existence of these factual and legal limits, i.e., possible reservation and parliamentary reservation in budgetary matters, imply certain relativization within the efficacy and effectiveness of rendered social rights, which, incidentally, end up conflicting with each other when one considers that public resources should be distributed to meet all basic fundamental social rights, we uphold the understanding, which will appear here in brief, in the sense that where we are always faced with provisions of an emergency nature, whose rejection would cause the reversible impairment or even sacrificing of other essential goods, especially - in caring for one’s own health and life - physical integrity and human dignity, we shall recognize a subjective right of the individual to the benefit claimed in court. Such an argument grows in relevance considering that our constitutional order (rightly so) expressly prohibits the death penalty, torture and imposition of inhuman and degrading punishment, even for convicted heinous crime, for the most elementary requirements of reasonableness and one’s own sense of justice - which, based on an alleged (and even proven) lack of resources - virtually condemns to death the person whose only crime was to be a victim of harm to his own health and was not able to afford the cost of treatment.” (SARLET, Ingo Wolfgang. *A Eficácia dos Direitos Fundamentais*. Porto Alegre: Livraria do Advogado, 2010. p. 55).

of the Right to Health,” in order to generate allowances to judges for judgments on issues concerning the implementation of the right to health, i.e., to establish guidelines to assist judges in assessing the causes which have as their object of conflict, affirmation or violation of the right to health<sup>3</sup>.

Yet, even after the public hearing, one can see that competence is not strictly defined in the law, and that citizens often specifically trigger the municipalities or the three federal entities causing a significant increase in the number of proceedings before the judiciary in which the right to health requires effectiveness, according to the CNJ, which is included in the “Official Memorandum Recommendation n° 31,” published in the Official Newspaper - DJe - on 07/04/2010, p. 4-6<sup>4</sup>.

TORRES asserts that:

“In Brazil, the important part of teaching is adopting a balanced position on the issue of an individual award for health services, seeking to delimit it according to extension of the existential minimum, with recognition of the rights of the poor and destitute and the State’s obligation to ensure preventative and emergency medicine.” (free translation)<sup>5</sup>

Therefore, the Brazilian Federal Constitution of 1988 guarantees social rights that require the provision to be subject to the existential minimum in the sense of what the individual can rationally expect from society, i.e., to justify the limitation of the state due to its socio-economic and structural conditions.

## 2. Analysis of legitimacy judged on the legalization of health in brazil’s development as a fundamental social right

<sup>4</sup>Recommendation n. 31 of the National Council of Justice of March 30th, 2010. Recommending to the Courts to adopt measures aimed at better supporting magistrates and other legal professionals to ensure greater efficiency in the solution of lawsuits involving health care.

<sup>5</sup>In Portuguese: “No Brasil parcela importante da doutrina vem adotando posição equilibrada na questão da adjudicação individual de prestações de saúde, procurando delimitá-la segundo a extensão do mínimo existencial, com o reconhecimento do direito dos pobres e miseráveis e com a obrigação estatal de garantir a medicina preventiva e de urgência.” TORRES, Ricardo Lobo. *Direito ao mínimo existencial*. Rio de Janeiro: Renovar, 2009, p. 255.

<sup>6</sup>According to Deborah Alves Maciel and Andrei Koerner, judicialization occurs when there is “In the omission or failure on the part of executive power of the federal agencies to enforce the right to health, citizens who feel affected may judicialize the legal relationship between the patient and the government, directing the problem to the judiciary and, in the end, winning enforcement of their rights.” (MACIEL, Débora Alves; KOERNER, Andrei. *Directions for the legalization of politics: two analyses*. In: *Revista Lua Nova*, 2002, n. 57. São Paulo: USP Publisher. p.113-133).

*Judicialization* is the legal phenomenon whereby the judiciary receives a significant number of cases that must be resolved in the course of legislative proceedings or administrative procedures performed by the legislature or executive branch, respectively<sup>6</sup>. The absence of necessary actions by society for the implementation of public policies related to health is the foundation for the occurrence of legalization in Brazil.

Considering all these aforementioned adopted measures, the Brazilian Superior Court of Justice - STJ - was obliged to establish constraining authority in the reasonable judgment of the filing of writs of mandamus for Rondonia in order for resources to be effective in its operations and to ensure the existential minimum.

BARROSO (2008, p. 6), points out that legalization is the result of the constitutional model and thus confirms that it stems from the Constitution itself:

Judicialization that actually exists, is not the result of an ideological, philosophical or methodological option of the Court. The Court has limited itself to understand it, strictly speaking, in its constitutional role, according to current institutional design. Personally, I think the model has served us well. (free translation)<sup>7</sup>

Judicial activism means establishing all political potential without interfering in other fields of law, which the Brazilian Federal Constitution of 1988 collaborates in an incisive way, since the Constitution has many gaps and gives rise to double interpretation. Thus, the ambiguity ends up creating a situation for the Judges conducive to act as legislators in order to meet these gaps.

Legalization is not the fault of the judiciary. On the contrary, it is the result of constituent power. Reports BARROSO (2008, p. 3.):

The first major cause of legalization was the democratization of the country, which climaxed with the promulgation of the Constitution of 1988. In recent

<sup>7</sup>In Portuguese: A judicialização que realmente existe, não é o resultado de uma opção ideológica, filosófica ou metodológica da Corte. A Corte limitou-se a conhecê-la, a rigor, em seu papel constitucional, de acordo com o desenho institucional vigente. Pessoalmente, acho que o modelo tem nos servido bem. (BARROSO, Luiz Roberto. *O Direito Constitucional e a Efetividade de suas Normas*. 9. ed. Rio de Janeiro: Renovar. 2009, p. 3).

<sup>8</sup>In Portuguese: A primeira grande causa da judicialização foi a democratização do país, que foi ao clímax com a promulgação da Constituição de 1988. Nas últimas décadas, com a recuperação das garantias da magistratura, o Judiciário deixou de ser um departamento técnico e especializado e tornou-se verdadeiro poder político, capaz de fazer cumprir a Constituição e as leis, incluindo o confronto um com outro. (BARROSO, Luiz Roberto. *O Direito Constitucional e a Efetividade de suas Normas*. 9. ed. Rio de Janeiro: Renovar. 2009, p. 6).

decades, with the recovery of the guarantees of the magistracy, the judiciary has ceased to be a technical and specialized department and has become a real political power able to enforce the Constitution and its laws, including confrontations of one law with another. (free translation)<sup>8</sup>

And BARROSO (2008, p. 16) continues to explain that:

The judge, by vocation and training, will usually be prepared to carry out the justice or micro justice of the case. He does not always have the information, the time or even the knowledge to assess the impact of certain decisions made in specific cases about the reality of an economic sector or the provision of a public service. Nor is he subject to political responsibility for disastrous choices. An emblematic example in this regard has been in the healthcare sector. (free translation)<sup>9</sup>

It is in this sense that we can say that the texture of the constitutional text is a propelling factor of judicial activism, in that it does not provide accurate moorings of interpretation and exposes the judge to immediate pressure to implement the program outlined in the Constitution without immediate regulatory effectiveness. Therefore, while legalization stems from institutional models, activism is an attitude; a proactive way of interpreting the Constitution.

### 3. The representative brazilian trials - Brazilian Superior Court

The STJ, which considered the Secretary of Health for the State of Rondonia, as constraining authority, to be competent to determine the allocation of financial resources and law budgets in order to implement public policies under “existential minimum,” is predicated on judgments delivered by the STJ in 2013, with the appointment of the Secretary of Health for the State of Rondonia identified as subjective passive polarity in lawsuits filed or constraining authority:

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<sup>9</sup>*In Portuguese*: O juiz, por vocação e treinamento, normalmente estará preparado para realizar a justiça do caso, ou a micro justiça. Ele nem sempre tem a informação, tempo e até mesmo o conhecimento para avaliar o impacto de determinadas decisões tomadas em casos concretos sobre a realidade de um setor econômico ou a prestação de um serviço público. Também não está sujeito a responsabilidade política pelas escolhas desastrosas. Exemplo emblemático a esse respeito tem sido no setor da saúde. (BARROSO, Luiz Roberto. *O Direito Constitucional e a Efetividade de suas Normas*. 9. ed. Rio de Janeiro: Renovar. 2009, p. 16).

**Litigation:** AgRg in 38.746 RMS RO 2012 / 0161088-5

**Reporter:** Min. Herman Beijamin

**Judgment:** 04/24/2013

**Judging Body:** T1

**Published:** 06/21/2013 DJE

**(BRAZILIAN LEADING CASE)**

**ADMINISTRATIVE. CIVIL PROCEDURE. HEALTH. SUBJECTIVE PASSIVE POLARITY. SECRETARY OF HEALTH.**

1. It is, in origin, an injunction which discusses the right to conduct an examination. The Court a quo dismissed the case without resolution of the merits to understand the passive illegitimacy of the State Secretary of Health, since the supply of drugs would be the responsibility of the “Drug Program Manager/ Director of Pharmaceutical Services.”
2. The 1988 Federal Constitution erects health as a right and duty of the State (art. 196). Hence, the following conclusion: It is the obligation of the State, in the generic sense (Union, States, Federal District and Municipalities), to ensure the right of access for people who are lacking financial resources and necessary medication, to cure their ills, especially the most serious.
3. Exceptionally, this should be suspended for the formal rigors of the judicial process, particularly when this formalism can severely compromise the fundamentals.
4. The direction of the Health System, at the state level, is the responsibility of the Department of Health, pursuant to art. 9, II, of Law n. 8.080 /1990. Currently, if there is any failure to protect the health of the people by a federal entity, the Department of Health is the authority responsible for taking care of the them and holds sufficient power to correct this situation.
5. It seems possible, therefore, to rule out the legitimacy of the Secretary of Health to attribute a third party which is hierarchically subordinate. Quote: AgRg RMS 39.812 / RO, Reporter Minister Humberto Martins, Second Class, 02/25/2013 DJE; AgRg RMS 40.485 / RO, Reporter Minister Benedito Gonçalves, First Class, DJE 04/17/2013.
6. Disclaimer of the decision for the fixed rule for all states.
7. Ordinary Appeal partially granted to set aside the judgment and order that the Court a quo grant continuing injunction.

**Litigation:** AgRg in 39979 RMS RO 2012 / 0273126-0

**Reporter:** Min. Castro Meira

**Judgment:** 04/06/2013

**Judging Body:** T2

**Published:** 06/13/2013 DJE

**CIVIL PROCEDURE. SUPPLY PRODUCTS. MEDICAL PROCEDURE. STATE OF RONDÔNIA. RECOGNITION OF SUBJECTIVE PASSIVE POLARITY FOR SECRETARY OF HEALTH. ACT INCOMPATIBLE WITH THE WILL OF APPEAL. RESOURCE UNKNOWN.**

1. Set up the performance of an act incompatible with the desire to appeal to the manifestation of a state entity recorded in counter arguments, which expressly recognized the legitimacy of the Secretary of Health to appear as defendant in the writ action. Also applies, in kind, to the provisions of art. 503 of the CPC, which prevent the end of appellate indignation. 2. By way of obiter dictum, it should be noted that the jurisprudence of the Superior Court has recognized the legitimacy of the Secretary of Health as constraining authority for injunctions filed against the State of Rondonia, aiming to deliver drugs or perform medical procedures. 3. Regimental interlocutory unknown.

Decision: As seen, reported and discussed in the proceedings, the Ministers unanimously agreed with the Second Chamber of the Superior Court, that it does not meet the special appeal, in accordance with the vote of Reporter Minister Castro Meira and Ministers Humberto Martins, Benjamin Herman (President), Mauro Campbell Marques and Eliana Calmon voted with Minister Reporter.

**Litigation:** 43371 RMS RO 2013 / 0238141-8

**Reporter:** Min. Eliana Calmon.

**Judgment:** 05/09/2013

**Judging Body:** T2

**Published:** 09/17/2013 DJE

**ADMINISTRATIVE. CIVIL PROCEDURE. WRIT. MEDICAL SUPPLY PRODUCTS. MEDICAL TREATMENT. SUBJECTIVE PASSIVE POLARITY FOR STATE SECRETARY OF HEALTH, RONDÔNIA.**

1. The First Section, in the judgment of 38.746 RMS / RO (judged on 04/24/2013, unpublished judgment), recognized the passive legitimacy of the Secretary of Health for the State of Rondônia to decide constraining authority in an injunction which postulates the delivery of medication or performance of medical

treatment. Precedents. 2. Ordinary appeal provided for determining the return of the case to the court of origin, in order to continue in the trial of the writ. Decision: After reported and discussed in the proceedings, the Ministers agreed with the Second Chamber of the Superior Court. “The panel unanimously granted the appeal procedure in accordance with the vote of (a) Reporter Minister Eliana Calmon and Ministers Castro Meira, Humberto Martins, Herman Benjamin and Mauro Campbell Marques (President) voted in the same way.

**Litigation:** AgRg in 42081 RMS RO 2013 / 0115836-3

**Report:** Min. Sérgio Kukina.

**Judgment:** 05/14/2013

**Judging Body:** T1

**Published:** 05/20/2013 DJE

**ADMINISTRATIVE. CIVIL PROCEDURE. REGIMENTAL APPEAL. NO ORDINARY APPEAL ON WRIT. SUPPLY PRODUCTS. MEDICAL TREATMENT. SUBJECTIVE PASSIVE POLARITY FOR SECRETARY OF HEALTH, RONDÔNIA.**

The legitimacy of the Secretary of Health for the State of Rondonia to decide: In a writ on the right to argue in favor of the subjective active polarity that the provision of medicinal products or medical treatments, the defendant was given the precedent decision on 04-24-2013 by the First Section of the Superior Court of Justice in the trial of n. 38.746 RMS/RO, Reporter Minister Benjamin Herman. 2. Regimental Interlocutory was provided to dismiss the above.

Decision: As seen, reported and discussed by these proceedings, it was unanimously agreed by the Ministers of the First Chamber of the Superior Court to dismiss the special appeal, in accordance with the vote of Minister Reporter Castro Meira and Ministers Ari Pargendler, Napoleon Nunes Maia Filho (President) and Benedito Gonçalves voted with Minister Reporter. Minister Arnaldo Esteves Lima was justifiably absent.

**Litigation:** AgRg in 40347 RMS RO 2013 / 0000843-0

**Reporter (a):** Min. Eliana Calmon

**Judgment:** 06/11/2013

**Judging Body:** T2

**Published:** 06/19/2013 DJE

**ADMINISTRATIVE - CIVIL PROCEDURE - REGIMENTAL APPEAL NO ORDINARY**

**APPEAL ON WRIT - SUPPLY OF MEDICATION - MEDICAL TREATMENT - SUBJECTIVE PASSIVE POLARITY FOR SECRETARY OF HEALTH RONDÔNIA.**

1. The First Section, in the judgment of 38.746 RMS/RO (Rel. Min. Herman Benjamin, judged on 04/24/2013, unpublished judgment), recognized the subjective passive polarity of the Secretary of Health for the State of Rondonia to decide as the constraining authority in an injunction that is postulated to provide medicine or perform medical treatment. Precedents. 2. Regimental Interlocutory not provided.

Decision: As seen, reported and discussed in the proceedings, the Ministers agreed with the Second Chamber of the Superior Court. “The Panel unanimously dismissed the special appeal, in accordance with the vote of Reporter Minister Eliana Calmon did not object. Ministers Meira Castro, Humberto Martins, Benjamin Herman (President) and Mauro Campbell Marques voted with Minister Reporter.

**Litigation:** AgRg in 42479 RMS RO 2013 / 0135432-6

**Reporter:** Min. Castro Meira

**Judgment:** 08/15/2013

**Judging Body:** T2

**Published:** 11/17/2013 DJE

**APPEAL. WRIT. MEDICAL SUPPLY PRODUCTS. UNWRITTEN PRELIMINARY DISAPPROVAL FOR THE SECRETARY OF HEALTH STATE OF RONDÔNIA.**

1. A writ of mandamus was filed by the State Public Defender, seeking delivery of medication to the Plaintiff. 2. The Secretary of Health for the State of Rondonia sued in response to the injunction as constraining authority. 3. Regimental Interlocutory was not provided.

Decision: As seen, reported and discussed in the proceedings, the Ministers unanimously agreed with the Second Chamber of the Superior Court to dismiss the special appeal, in accordance with the vote of Reporter Minister Castro Meira an Ministers Humberto Martins, Benjamin Herman, Mauro Marques Campbell (President) and Eliana Calmon voted with Minister Reporter.

There are others judgments for the year 2013 dealing with the same subject, namely:

The principle of universality considers certain rights for everyone, but is also a duty of the State. Thus, the right to health arises as a fundamental right of each and every citizen, and was even considered as an entrenchment clause, i.e., by law, it cannot be removed from the Constitution under any circumstances, and constitutes an individual security, pursuant to art. 60, paragraph 4<sup>o</sup>, IV of Brazilian Federal Constitution of 1899<sup>10</sup>. Moreover, the State has the duty to ensure the proper means necessary for citizens to fully exercise this right, otherwise it is restrictive and does not fulfill its function.

In addition, the principle of completeness gives the State the responsibility of granting full citizen service. Therefore, the State should establish a set of actions ranging from prevention to curative care, with preventive activities at various levels of complexity, and form of effect, to ensure that the postulated health, when performed effectively, reduces spending with assistance activities<sup>11</sup>.

Consequently, from the time when the judiciary determined that the executive branch spent a certain amount for an expense that was not anticipated in the budget, it would have acted directly on the implementation of public health policies in 2013, which were not part of its remittance.

## Conclusion

The Ministers of the Brazilian Superior court of Justice understand that although the municipalities have become responsible for implementation of public health policies by establishing a closer relationship to Brazilian citizens seeking care in hospitals in a particular city, the state, as well as the Union are responsible for planning and financing of public policies in this area. As a rule, this is part of the typical function of the State and Federal executive branch. Federal institutional design draws up planning policies and makes budgetary allocations to the states, and the states are responsible for undertaking the planned policies and correctly applying health budgets; for example:

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<sup>10</sup>A STJ - Brazilian Superior Court of Justice. Legalization of health poses the challenge to the court to consider individual and collective demands. Accessed on: November 24, 2012 Available at: <[http://www.stj.jus.br/portal\\_stj/publicacao/engine.wsp?tmp.area=398&tmp.texto=96562](http://www.stj.jus.br/portal_stj/publicacao/engine.wsp?tmp.area=398&tmp.texto=96562)>. Accessed on Oct. 15th, 2014.

<sup>11</sup>STF - Brazilian Supreme Court. Public hearing in the Superior Court on the Legalization of the Right to Health: convened by the President of the Superior Court, Gilmar Mendes, to subsidize the judgment process that discussed the enforcement of the right to health (Art. 196 of the Brazilian Federal Constitution in 1988). The offering of medication and treatment by the government. Available at: <<http://www.stf.jus.br/portal/audienciaPublica/audienciaPublica.asp?tipo=realizada#>>. Accessed on Oct 15th, 2014.

- authorize the purchase of medicines; and
- designate funds aimed at opening new beds or removal of hospitalized patients, necessary for health.

Thus, on the subjective passive polarity of writs in the cases analyzed above, it has become undisputed that positive actions necessary to guarantee the fundamental right to health of the population are the responsibility of the Secretary of Health for the State of Rondonia - a theme in the Superior Court of Justice became precedent in April, 2013.

As envisioned in the series of judgments above, the process involves conflicts between federal agencies due to failures in the provision of health services by Unified Health System which are not related to the supply of medicines, and the absence of inpatient beds, since they do not observe the principle of Possible Reserve.

It appears that decisions on individual claims - according to the presentations of the Superior Court of Justice examined in this study - although ensuring effectiveness of Possible Reserve, impose serious difficulties in ensuring an existential minimum for the community, which should be noted by the Secretary of Health for the State of Rondonia.

It must still be emphasized that attention to individual cases may depart from the focus of a general plan which must preferably be directed to the community, especially when affecting budget planning.

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