

ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjahss>

Volume – IV Issue -I (January- February) 2026

Frequency: Bimonthly



What If SUS Ceased to Exist? An Analysis of the Potential Impacts of the Extinction of Brazil's Unified Health System

Andrea Gonçalves Dias¹, Lucila de Souza², Juliana Cascaes de Aquino Schneider², Siglia Sousa de Franca², Kassio Ricardo Regalin², Keylla Tais de Amorim², Dr. Mario Angelo Cenedesi Júnior^{2*}, Tatiana Amorim Guimarães²

¹ Universidade Federal de Uberlândia (UFU), Brazil

² Universidad de Ciencias Empresariales y Sociales (UCES), Argentina

| **Received:** 15.01.2026 | **Accepted:** 19.01.2026 | **Published:** 24.01.2026

***Corresponding author:** Dr. Mario Angelo Cenedesi Júnior

Universidad de Ciencias Empresariales y Sociales (UCES), Argentina

Abstract

Brazil's Unified Health System (in portuguese, Sistema Único de Saúde – SUS) represents one of the largest universal public health systems in the world, grounded in the principles of universality, equity, and comprehensiveness. This article explores a counterfactual yet analytically relevant question: what would be the social, sanitary, and professional consequences if SUS were dismantled or ceased to exist? Through a critical public health and political economy perspective, the essay examines the structural role of SUS in reducing inequalities, guaranteeing access to care, and sustaining health workforces across the country. The analysis highlights the likely amplification of health inequities, the fragmentation of care, and the collapse of preventive and community-based actions in a scenario of system extinction. Particular attention is given to the assistential dimension, discussing the impacts on medical practice, dentistry, social work, and biomedicine. The article argues that the absence of SUS would not merely represent an institutional change but a profound social regression, reshaping health as a market commodity and deepening historical injustices. Ultimately, the text reinforces SUS as a civilizational achievement whose erosion would compromise population health, professional ethics, and democratic governance.

Keywords: Unified Health System (SUS); Health systems; Universal health coverage; Health inequities

Introduction

Brazil's Unified Health System (SUS), established by the 1988 Federal Constitution, is the materialization of a political and social commitment to health as a universal right and a duty of the state. Built in the aftermath of the country's re-democratization, SUS emerged as a response to profound inequalities in access to healthcare, historically marked by exclusion, segmentation, and dependence on employment-based insurance schemes.

Over more than three decades, SUS has played a central role in expanding access to primary care, vaccination, emergency services, epidemiological surveillance, and complex procedures such as organ transplantation. Despite chronic underfunding and political disputes, the system has demonstrated resilience and capacity to respond to public health emergencies, including epidemics and the COVID-19 pandemic.

The hypothesis of SUS extinction – whether through radical privatization, fiscal dismantling, or institutional erosion – has gained relevance amid austerity policies, market-oriented reforms, and discourses that frame public health as inefficient or unsustainable. This debate demands rigorous analysis beyond ideological positions, focusing on concrete social and sanitary consequences.

This article examines the potential impacts of a scenario in which SUS ceases to exist, emphasizing structural, territorial, and professional dimensions. By analyzing access to care, health outcomes, and the assistential workforce, the text seeks to demonstrate that the dismantling of SUS would represent not only a health system collapse but a broader crisis of social protection and citizenship in Brazil.

Methodology

This study adopts an academic essay methodology, grounded in critical analysis of health systems, political economy of health, and social determinants frameworks. Rather than empirical data collection, the article synthesizes theoretical contributions, policy analyses, and institutional knowledge to explore a counterfactual scenario. References are presented exclusively at the end of the text, in accordance with essay-based methodological standards.

Development

1. SUS as a Structural Pillar of Health Equity

SUS constitutes the main mechanism for reducing health inequalities in Brazil, particularly in a country marked by extreme socioeconomic disparities. By guaranteeing free access at the point of care, the system mitigates the exclusionary effects of income, employment status, and geographic location. Without SUS, access to healthcare would largely depend on purchasing power, deepening stratification between those who can afford private services and those who cannot.

The extinction of SUS would disproportionately affect vulnerable populations, including residents of peripheral urban areas, rural communities, Indigenous peoples, and informal workers. Preventive actions, such as vaccination campaigns and health promotion initiatives, would likely be fragmented or abandoned, increasing the burden of avoidable diseases and preventable deaths.

Moreover, SUS plays a central role in health surveillance and collective protection. Its absence would weaken the state's capacity to monitor epidemics, regulate health risks, and coordinate

responses to public health emergencies. This erosion would expose the population to heightened sanitary insecurity and systemic fragility.

2. Marketization of Health and the Collapse of Comprehensive Care

In a post-SUS scenario, healthcare would increasingly be organized according to market logic, prioritizing profitability over population needs. Services with low economic return – such as mental health care, rehabilitation, palliative care, and long-term follow-up – would face severe underprovision or exclusion from coverage.

The principle of comprehensiveness, which integrates prevention, treatment, and rehabilitation, would be replaced by fragmented and episodic care. Patients with chronic conditions would experience interruptions in treatment, reduced continuity of care, and increased out-of-pocket expenses, leading to poorer health outcomes and financial hardship.

Additionally, the territorial organization of care would be dismantled. Primary health care networks, family health teams, and community-based services – central to SUS – would be replaced by isolated service points disconnected from local realities, undermining trust and effectiveness.

3. Assistential Impacts on Health Professions

For physicians, the extinction of SUS would profoundly alter professional practice. The shift toward a fully market-driven system would intensify productivity pressures, shorten consultation times, and prioritize high-cost procedures over preventive and longitudinal care. Medical work would become increasingly subordinated to corporate interests, eroding professional autonomy and ethical commitments to universal care.

Public oral health policies in Brazil, significantly expanded through SUS, would suffer dramatic regression. Dental care would likely return to a predominantly private model, restricting access to low-income populations and increasing untreated oral diseases. Preventive programs in schools and communities would be dismantled, reinforcing inequalities in oral health outcomes.

Social workers play a critical role in SUS by addressing social vulnerabilities, facilitating access to services, and mediating between health systems and communities. Without SUS, the scope of social work in health would shrink drastically, as market-oriented systems tend to marginalize social interventions that do not generate direct financial returns. This would weaken integrality and exacerbate social exclusion.

Biomedical professionals are essential to diagnostics, laboratory services, epidemiological surveillance, and research. The dismantling of SUS would fragment laboratory networks and reduce public investment in diagnostic capacity and health research. This would compromise disease monitoring, early detection, and the integration between clinical practice and public health knowledge.

Conclusion

The hypothetical extinction of Brazil's Unified Health System reveals the depth of its structural importance. SUS is not merely a service provider but a cornerstone of social protection, health equity, and democratic governance. Its absence would expose millions to exclusion, insecurity, and avoidable suffering.

From an assistential perspective, the dismantling of SUS would reshape health professions, subordinating care to market imperatives and weakening ethical commitments to universality and social responsibility. Medical, dental, social work, and biomedical practices would all experience fragmentation, loss of autonomy, and reduced capacity to respond to collective needs.

Ultimately, questioning what would happen if SUS ceased to exist is not an abstract exercise but a critical reflection on the kind of society Brazil seeks to be. Defending and strengthening SUS is inseparable from defending health as a right, care as a public good, and life as a value beyond market logic.

References

1. Couto, P. C. (2025). *Grand Challenges Brazil: One decade of health research funding*. *Cadernos de Saúde Pública*, 49(145), e10034.
2. De Araújo, J. S. T., Ferezin, L. P., Moura, H. S. D., Rosa, R. J., & Arcêncio, R. A. (2025). *Unequal access in a universal health system: COVID-19 vaccination and health services utilization among international migrants in Brazil*. *BMC Public Health*, 25, 3905. <https://doi.org/10.1186/s12889-025-25198-3>
3. Freire, M. L., Noronha, B. P., Cota, G., & Silva, S. N. (2025). *Evaluation of health technology implementation in the Brazilian public health system: a systematic review*. *BMC Health Services Research*, 25, 1207. <https://doi.org/10.1186/s12913-025-13117-6>
4. Global Health Editorial Board. (2025). *Health systems in the Amazon need to be reimagined for a more sustainable future*. *The BMJ*, 391, r1925. <https://doi.org/10.1136/bmj.r1925>
5. International Journal for Equity in Health Editorial Board. (2025). *Special Issue: Advances in Equity-Oriented Public Health Research in Brazil*. *Int J Equity Health*
6. Ministry of Health (Brazil). (2025). *Special Report on Social Participation in Health and Climate (2025)*. Brasil: Ministério da Saúde
7. Pan American Health Organization. (2025). *Equity and Health in the Americas: Priorities for Vulnerable Populations*. PAHO
8. Portela, M. C., Cornish, F., et al. (2025). *The erasure of infection-associated chronic conditions: critical interpretive synthesis of literature on healthcare for long COVID and related conditions in Brazil*. *Global Public Health*, 20(1), 2490720. <https://doi.org/10.1080/17441692.2025.2490720>
9. Portela, M. C., Escosteguy, C. C., Lima, S. M. L., et al. (2025). *Healthcare gaps and inequities following hospitalisation for COVID-19 in Brazil's universal healthcare system: a patient-engaged survey of Long COVID healthcare needs, use and barriers*. *International Journal for Equity in Health*, 24, 275. <https://doi.org/10.1186/s12939-025-02635-8>
10. Scheffer, M., Mosquera, P., Cassenote, A., et al. (2025). *Brazil's experiment to expand its medical workforce through private and public schools: impacts and consequences of the balance of regulatory and market forces in resource-scarce settings*. *Globalization and Health*, 21, 14. <https://doi.org/10.1186/s12992-025-01105-8>
11. Soares, L., et al. (2025). *Disparities in Healthcare Utilization Among Vulnerable Populations During the COVID-19 Pandemic in Brazil: An Intersectional Analysis*. *Int. J. Environ. Res. Public Health*, 22(6), 831. <https://doi.org/10.3390/ijerph22060831>
12. World Health Organization. (2025). *World report on social determinants of health equity*. WHO Publishing