RESUMO - SAÚDE E ESPIRITUALIDADE

THE HISTORICAL AND STRUCTURAL CONTRIBUTION OF RELIGIOUS ORDERS TO THE BRAZILIAN HEALTHCARE SYSTEM: FROM COLONIAL CHARITY TO CONTEMPORARY PHILANTHROPY

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Background: The structuring of healthcare in Brazil is deeply rooted in the colonial period, fundamentally linked to Christian charitable practices promoted by the Catholic Church. Historically, the care of the sick was not conceived as a state responsibility but as a moral and religious duty based on solidarity. Religious orders such as the Jesuits, Franciscans, Benedictines, and Carmelites were the primary architects of the first welfare institutions, establishing a model

that transitioned from spiritual comfort to organized medical assistance. Objectives: This study aims to analyze the historical and structural contribution of religious orders to the development of the Brazilian healthcare system, identifying the role of the Santas Casas de Misericórdia and the transition toward a scientific-state model. Methods: A qualitative integrative literature review was conducted using databases such as SciELO, LILACS, and Google Scholar. The search strategy employed descriptors including "religious orders," "health in Brazil," and "Santas Casas de Misericórdia". Inclusion criteria focused on full-text academic articles and historical documents addressing the intersection of religion and healthcare in Brazil without temporal restrictions due to the historical nature of the topic. Results: The findings demonstrate that the Santas Casas de Misericórdia, founded starting in the 16th century, served as the backbone of Brazilian hospital assistance for centuries. These institutions filled the vacuum left by the State, providing care for the vulnerable. Furthermore, religious sisters played a foundational role in the professionalization of nursing, managing hygiene and direct patient care long before modern formalization. Although the 19th century brought a shift toward scientific medicine and state institutionalization, religious entities did not disappear; they adapted into philanthropic organizations. Conclusion: Religious orders provided more than just a historical starting point; they created a structural framework that persists today. In the contemporary context of the Unified Health System (SUS), philanthropic institutions of religious origin remain essential, accounting for a significant portion of hospital admissions. This continuity highlights that the Brazilian healthcare system is a hybrid construction of state, social, and religious efforts.

Palavras-chave: religious orders; history of health; santas casas de misericórdia; public health; brazil.