RESUMO - COMPROMISSO SOCIAL DO MÉDICO CATÓLICO

AT THE EDGES OF CARE: CONSCIENCE AND RESOURCEFULNESS IN THE FACE OF SCARCITY

Larissa Maciel Lima (lari.ml1501@gmail.com)

Ana Victoria (anavic1902@gmail.com)

Introduction: In many clinical settings, the central ethical challenge is not technological limitation but structural scarcity: lack of access, inequality, and the exclusion of vulnerable populations from adequate care. In such contexts, the greatest ethical failure in medicine may not be error, but passive conformity to conditions that leave patients untreated. Objective: To analyze resourcefulness as an ethical duty in medical practice under conditions of scarcity, integrating historical models from Catholic medical tradition with contemporary evidence on physician innovation in underserved settings. Methods: a systematic review was conducted using PubMed and Scopus (2020–2025), with keywords including “healthcare disparities,” “access to care,” “physician innovation,” “global health equity,” and “moral distress.” Peer-reviewed studies addressing adaptive clinical practices in low-resource environments were included. Historical and biographical sources on medical saints were analyzed to establish a comparative ethical framework focused on proactive care under constraint. Results: Historical physician-saints such as Saint Giuseppe Moscati and Saint

Camillus de Lellis had their practice marked not only by competence, but also by proactive adaptation to the needs of the poor, grounded in a view of charity as an expression of justice and empathy. Their example challenges contemporary medicine to reconsider whether neutrality in the face of inequality is ethically defensible. Contemporary literature consistently demonstrates that health outcomes are profoundly shaped by social determinants and unequal access to care. In response, clinicians working in resource-limited settings should continuously develop adaptive strategies to bridge these systemic gaps. Medical practice must not be limited to technical adjustments, as it needs to reflect an ethical commitment to ensuring care despite structural barriers, given that these forms of ingenuity are proven to significantly improve outcomes in underserved populations. Currently, many transformative figures in scientific medicine, such as Paul Farmer, have demonstrated that confronting inequality requires not only knowledge but sustained, creative engagement with the social reality of each community. Conclusion: In conditions of scarcity, ethical medical practice demands more than competence, it requires initiative. Where systems fail, inaction becomes ethically consequential, underscoring that the absence of error does not equate to the presence of justice. The physician’s duty extends beyond functioning within existing structures to actively addressing the gaps they leave behind.

Palavras-chave: “healthcare disparities;” “access to care;” “physician innovation;” “global health equity;” and “moral distress”.