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# Issues and tensions in the history of speech therapy told from its standardizing documents

## Questões e tensões da história da fonoaudiologia contadas a partir de seus documentos normatizadores

## Cuestiones y tensiones en la historia de la logopedia contadas a partir de sus documentos normalizadores

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***Abstract***

**Introduction:** Speech therapy is a young profession, but its regulation, however, is the result of a long process, started a few decades earlier. Several documents leave marks of this trajectory and tell stories of the issues and tensions present at the time of their preparation. **Objectives:** To discuss the issue of the autonomy of Speech Therapy professionals based on the analysis of some of their standardizing documents, considering two significant moments: a) the change from technologist to higher education professional, in 1981 and b) the threat of loss of rights in occasion of the processing of the Medical Act Bill, in 2001. **Method:** Documentary, exploratory, qualitative research. **Results:** The word diagnosis appears implicitly in the text of Law 6965/81 and in the first Code of Ethics, in 1984, and explicitly, as a speech therapist competence, in the codes of 1995 and 2004. The word autonomy does not appear in the Law nor in the 1984 code. It is mentioned in a restricted way in the 1995 code and only referred to as broad professional autonomy in the 2004 code. **Conclusion:** Analyzing the issues and tensions present in the preparation of normative documents for a profession allows us to highlight the set of values, power disputes and the ethical and political character present in these definitions. It also allows us to understand how dynamic and incessant these processes are and, also, how much some situations arise in the present time, rescuing old debates.

**Keywords:** Speech Therapy; Professional Autonomy; Code of Ethics

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## Resumo

**Introdução:** A Fonoaudiologia é uma profissão jovem, mas sua regulamentação, entretanto, é fruto de um longo processo, iniciado algumas décadas antes. Vários documentos deixam marcas desta trajetória e contam histórias das questões e tensões presentes no momento de sua elaboração. **Objetivos:** Discutir a questão da autonomia do profissional da Fonoaudiologia a partir da análise de alguns de seus documentos normatizadores, considerando dois momentos significativos: a) a mudança de tecnólogo para profissional de nível superior, em 1981 e b) a ameaça de perda de direitos na ocasião da tramitação do Projeto de Lei do Ato Médico, em 2001. **Método:** Pesquisa documental, descritiva exploratória, de caráter qualitativo. **Resultados:** A palavra diagnóstico aparece de forma implícita no texto da Lei 6965/81 e no primeiro Código de Ética, em 1984, e de forma explícita, enquanto competência do fonoaudiólogo, nos códigos de 1995 e 2004. A palavra autonomia não aparece na Lei nem no código de 1984. É mencionada de forma restrita no código de 1995 e apenas referida como autonomia profissional ampla no código de 2004. **Conclusão:** Analisar as questões e as tensões presentes na elaboração de documentos normativos de uma profissão permite destacar o conjunto de valores, as disputas de poder e o caráter ético e político presente nestas definições. Permite também perceber o quanto estes processos são dinâmicos, incessantes e, ainda, o quanto algumas situações se colocam no tempo presente, resgatando debates antigos.

**Palavras-chave:** Fonoaudiologia; Autonomia Profissional; Código de Ética

## Resumen

**Introducción:** La logopedia es una profesión joven, pero su regulación, sin embargo, es el resultado de un largo proceso, iniciado algunas décadas antes. Varios documentos dejan huellas de esta trayectoria y cuentan historias de los problemas y tensiones presentes en el momento de su preparación. **Objetivos:** Discutir la cuestión de la autonomía de los profesionales de Logopedia a partir del análisis de algunos de sus documentos normativos, considerando dos momentos significativos: a) el paso de tecnólogo a profesional de educación superior, en 1981 y b) la amenaza de pérdida de derechos con motivo de la tramitación del Proyecto de Ley Médica, en 2001. **Método:** Investigación documental, exploratoria, cualitativa. **Resultados:** La palabra diagnóstico aparece implícitamente en el texto de la Ley 6965/81 y en el primer Código de Ética, de 1984, y explícitamente, como competencia del logopeda, en los códigos de 1995 y 2004. La palabra autonomía no aparece en la Ley ni en el código de 1984. Se menciona de forma restringida en el código de 1995 y sólo se la denomina amplia autonomía profesional en el código de 2004. **Conclusión:** Analizar las cuestiones y tensiones presentes en la elaboración de documentos normativos para una profesión permite resaltar el conjunto de valores, las disputas de poder y el carácter ético y político presentes en estas definiciones. También nos permite comprender cuán dinámicos e incesantes son estos procesos y, también, cuánto surgen algunas situaciones en la actualidad, rescatando viejos debates.

**Palabras clave:** Logopedia; Autonomía Profesional; Código de Ética

## Introduction

Speech therapy is a field within healthcare, regulated by Law No. 6965, of December 9, 1981[1]. Therefore, it is a new profession and one of the most recent in this field. Its regulation has undergone a lengthy process that began a few decades earlier and this trajectory is evident in several documents. In this paper I intend to present how the normative documents of our profession reveal issues and tensions present at the time of their preparation. The analysis of these documents, among other things, enable us to understand how the practices, rights and duties of a professional identity are defined, and how certain conflicts in the present are rooted in the past.

### *Identity and autonomy*

Debates surrounding the concept of identity, its origin and different approaches are old and extensive. In this paper we will follow the perspective presented by sociologist Dubar, for whom "identity is never given, it is always constructed and must be (re)constructed, in greater or lesser and more or less lasting uncertainty" (Dubar[2], 2005, p .135). According to this author, identity is the result of continuous processes of socialization, which occur from multiple and complex interactions between individuals, groups and institutions, articulating what is "stable and provisional, individual and collective, subjective and objective, biographical and structural" (Dubar[2], 2005, p. 136) building individuals and defining institutions, being in permanent transformation. Therefore, according to Zanatta[3] (2011), to understand identities it is necessary to appreciate "the contradictions internal to the social structure and the processes of change and/or maintenance of norms, roles and rules" (Zanatta[3], 2011, p. 52). The reflection upon the construction of a professional identity must, then, lead us to seek to understand the conditions of production of this very identity.

Silva[4] (2014) analyzes the relationship between identity and difference. He criticizes the idea that identity would be evidence and positivity and demonstrates how identity and difference are closely related. It only makes sense to assert an identity (something that *is*: "this is a glass") because there is an almost endless set of things that are opposite to it (something that *is not*: "it is not a dish", "it is not an egg", and so on). Therefore, an affirmation carries the idea of its negation, that is, identity only exists in difference. It is in the language game that this relationship is established. The sign (example: "cup") is not the thing itself but refers to it. At the same time, the sign refers implicitly to what the thing is not. This way, identity is asserted in difference. We can even say that difference is prior to identity, as we need to define identity because of differences.

Silva[4] (2014) states that the production of identities and differences are acts of linguistic creation. They are not natural phenomena, because they are produced culturally and socially. Thus, they are subject to vectors of force and power relations, generally erased under a naturalized appearance. For this author, where there is differentiation (identity and difference) there is a power relation. This is because differentiation serves diverse purposes, such as including/excluding ('they belong or don't belong'), establishing boundaries ('us and them') and classifying ('good and bad'; 'pure and impure', 'rational and irrational', 'sick and well'). The author also says that "holding the privilege of classifying also means holding the privilege of assigning different values to the groups thus classified" (Silva[4], 2014, p. 82). Therefore, the process of constructing identities and differences is neither neutral nor innocent, being linked to the subjects and the conditions in which they are produced, despite presenting themselves as mere naturalized descriptions.

The naturalization of the process of identity construction hides the socio-historical and cultural context of its production, erasing the values present in its definition. If identity and difference are linguistic acts, they carry the meanings that circulate in the act of their conception. Language is a social construct, shaped by historical and cultural influences. Therefore, it is not possible to produce language outside of language, that is, every linguistic utterance, whether spoken or written, reflects its social origins. This leads us to reflect on the production of documents, including normative ones.

### *Document production*

Normative documents are perceived as documents that spell out rules and regulations that we must follow because they define the right thing to do. But we can and should question *who*, *how* and *under what conditions* they were conceived.

For jurist Reale[5] (2004), "every norm affirms something that must be, because a value was recognized as a determining reason for mandatorily declared behavior. Therefore, there is a judgment value in every rule" (Reale[5], 2004, p. 34). This way, this author recognizes that there is a judgment of value in the creation of a standard. Therefore, there is an intention, there is a choice and there is also a political implication to it, even if it is not recognized as such.

This fact is confirmed by Bobbio[6] (2001), when he states that "every legal system pursues certain ends, which in turn represent values to which the legislator addresses, with greater or lesser awareness or adequacy" (Bobbio[6], 2001, p. 33). Recognizing this implication does not diminish the value and importance of normative documents. It only confirms that they are produced in the power relations game that is present in society. Language and the creation of meaning are always in dispute. It is necessary to reflect upon these relations.

Based on these considerations, we can think that the regulatory and standardizing documents in speech therapy are an important axis of analysis of the set of forces that were at play when this professional field was defined, allowing us to explore value disputes that were present at that time.

One of these disputes concerns the issue of professional autonomy. For Freidson[7] (2009), theorist of the sociology of professions, for an activity to be considered a profession there must be mastery of specific knowledge, one's own training and the ability to self-regulate. That is, it is necessary to legally define who can conduct this activity and how. For this author, the more organized and recognized a profession is, the more prestige it can achieve, which legitimizes and reinforces its autonomy, conferring technical and legal authority to it. Acting with autonomy therefore consists of having the freedom to act in a certain area of knowledge, making the decisions you consider relevant, and taking responsibility for your choices and actions (Costa, Santos, Costa[8], 2021).

Therefore, the objective of this present study is to discuss the autonomy of speech therapy professionals through the examination of some standardizing documents, focusing on two key events: a) the transition from technologist to higher education professional in 1981, and b) the potential loss of rights during the processing of the medical act bill in 2001.

## Method

This study follows a documentary, exploratory, qualitative research approach. To achieve the defined objectives of research, written materials were gathered from diverse sources: the national legislation, professional councils, books, and magazines. Some of the documents are available for access online, others are part of the author's private collection.

## Results

To reach the normative documents, it is necessary to cover some aspects of the history of speech therapy in Brazil, with a view to contextualizing their presentation and analysis.

### *A brief history – professional delimitation and normative documents*

Until the 1960s, professional training courses followed traditional practices, but then specific courses with novel approaches emerged. They had varying formats, durations, and names, coming from different initiatives and influences (orthophony, logopedia, phoniatrics, speech therapy, language therapy, audiophonology - Figure 1). Before that, however, there was an old and diffuse interest in the field of human communication and its alterations, which other domains of knowledge were responsible for addressing.

Pavão[9] (2003) analyzed the configuration of the speech therapy field in the city of Rio de Janeiro and identified two areas that played a decisive role in this configuration: medicine and education. Although this analysis is restricted to this city, other works confirm the influence of these two fields in the constitution of speech therapy throughout Brazil (Figueiredo Neto[10], 1988; Didier[11], 2001; Cardoso, Abreu[12], 2004). Apart from these two areas we could also mention psychology and linguistics, for example. However, medicine and education played a decisive role in the training of this new field not only being its theoretical basis, but also providing concrete initiatives to train this new professional.

Medicine contributed to the configuration of speech therapy in the city of Rio de Janeiro through the study of medical pathologies which presented changes in communication systems. In this process, phoniatrics, a field dedicated to the study and reha-

bilitation of voice, speech and hearing disorders, stood out.

Education, in turn, contributed through the search for solutions to learning difficulties and through specialization courses for teachers. Pavão[9] (2003) found that, in the City of Rio de Janeiro, most training courses organized for this new professional originated from the area of education and, in many, being a teacher was an entry criterion. Despite that, the course content was strongly medical, so much so that speech therapy came to be characterized within the healthcare field.

Regarding the relationship between logopedia (one of the denominations at the time) and phoniatrics, Ana Rímoli de Faria Dória, a former director of the National Institute of Education for the Deaf – INES, stated:

> *"Logopedia is concerned with correcting speech defects: it is considered the pedagogical part of phoniatrics; this, also called biological phonetics, is, in turn, the part of medicine that deals with a small branch of phonology relating to the anatomic--physiological mechanism of the vocal phenomenon, the diagnosis and treatment of its disorders, making use of the range of knowledge collected by another branch of the phonetic trunk."* (Dória[13], 1961, p.324).

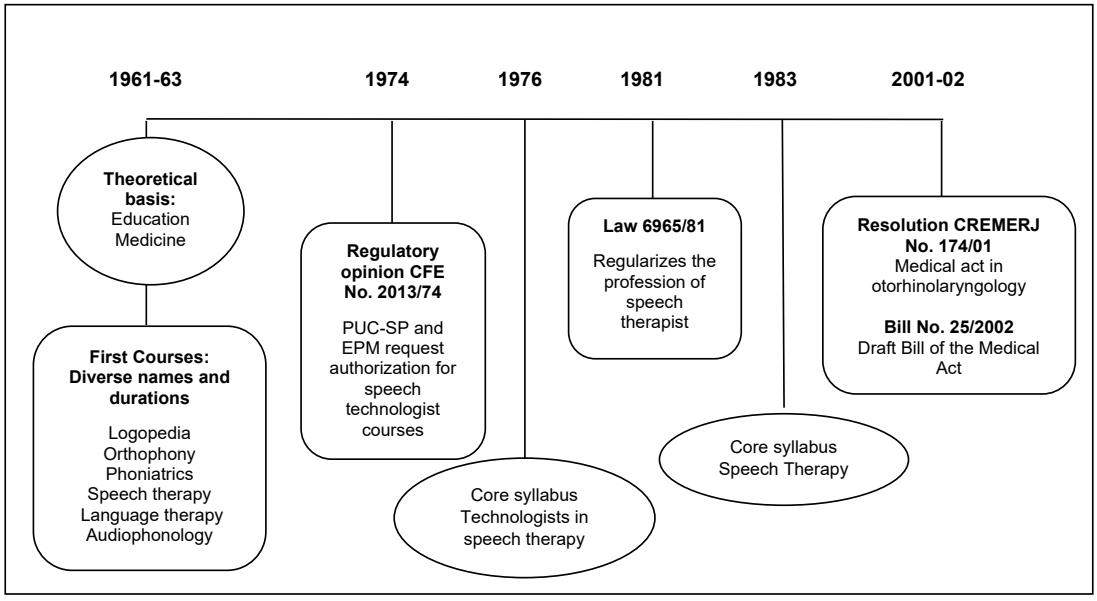
We see that a definition of roles was beginning to emerge. Phoniatrics was responsible for diagnosis and treatment, and logopedics was responsible for the pedagogical work. A power relation between these two fields started to be outlined. Because of its power and social prestige, together with its modern and scientific ideals, medicine was responsible for providing the knowledge basis, and education, the workforce.

Considering the gender perspective of the time, education and care jobs were mainly assigned to women, and the practice of medicine was generally conducted by men. It is then understood why speech therapy was and still is exercised mostly by female professionals.

According to Pavão[9], it is understandable that medicine has had a great influence on the delimitation of the field of speech therapy and that, in addition, "it has claimed for itself the authority to regulate and guide the performance of this new professional" (Pavão[9], 2003, p. 74). This context resulted in the fact that the professional field of speech therapy was first delimited as a technical field. The power struggle between these two areas becomes evident in Regulatory Opinion No. 2013/74, of the Federal Education Council – CFE[14], on the request for authorization of speech therapy technologist courses at the PUCSP - Pontifical Catholic University of São Paulo, and at the EPM-SP – Medical School of São Paulo. The rapporteur of the regulatory opinion, J. Milano, was a doctor. These were the first courses to request operating authorization from the CFE, but their requests were denied, with the following justification:

> *"The processes in question deal precisely with the same matter, that is, obtaining approval from the CFE for projects aimed at (...) the training of technologists in short-term courses.*
>
> *(...) Both projects deviate (...) from the methodology of technologist training, they are excessively theorizing (...) and, what is most serious, they form a technologist whose job market must be linked to that of a liberal professional, the doctor. However, the technologist separates from the doctor to act alone in separate offices, conducting diagnostic and therapeutic activities often outside the professional limits for which they were prepared."*
>
> *(...) Speech therapy is an integral part of phoniatrics, its purpose being limited to the evaluation and technical rehabilitation of human communication systems, which are: hearing, voice, speech, and language" (...)* (CFE, Regulatory Opinion No. 2013/74[14])

We can observe that this regulatory opinion criticizes the intention of this new professional to act "alone," that is, autonomously, subordinating the speech therapist's performance to the supervision of a doctor. Another important highlight is the exclusion of diagnosis from this new professional sphere of activity, limiting his practice to technical assessment and rehabilitation, something that was already announced in Dória[13].




*Source: the author
**Captions: CFE: Conselho Federal de Educação; PUC-SP: Pontifícia Universidade Católica de São Paulo; EPM: Escola Paulista de Medicina; CREMERJ: Conselho Regional de Medicina do Rio de Janeiro.

**Figure 1.** Speech Pathology Timeline

As we can see in Figure 1, the CFE regulated the operation of technologist courses in speech therapy, establishing its core syllabus in 1976. A little later, in 1979, the National Commission for the Regulation of Speech Therapy – CNRPF was created to strive for the implementation of a law that would regulate the profession, no longer as a technical course, but as a higher-level profession. This finally happened with the approval of the draft bill No. 6965 of December 9, 1981[1], which regulates the profession of speech therapist.

Interestingly, while Congressman Pedro Faria's draft bill No. 2387/79[15] was being processed, which would lead to the law No. 6965/81, a separate project was also being processed in the National Congress. It was Congressman Salvador Julianelli's draft bill No 2726/80[16], seeking to regulate all professions in the health sector, including those that were already regulated, such as psychology, nursing, and physiotherapy, for example. The article that referred to speech therapy said the following:

> "(...) Art. 94. The speech therapist is responsible for:
>
> a) measuring hearing levels, under medical prescription and control.
>
> b) teaching exercises for the re-education or rehabilitation of voice, speech, and language, under medical prescription, and whenever necessary, with medical supervision, as well as supervision, guidance, and control of the execution of these exercises (...).
>
> Art. 96. Speech therapists will perform their duties in otorhinolaryngology, otology, phoniatrics, neurology, physiatry services or offices, or in medical activities that include one or more specialties referred to in this article. (...)"
> (Draft bill No. 2726/80[16])

We can observe that completely opposing views of the speech therapist's professional profile were being discussed simultaneously in congress. This is a confirmation that in this process different visions and different values were at play, competing for technical, political, and power positions. It was in this context that our profession was regulated. This also allows us to understand more clearly details present in the choice of words in our law.

It is interesting to observe, for example, how Law 6965/81 defines the form of election of Federal and Regional Councils (Art.7, *§1; Art. 8), in which the first is elected by an* electoral college and the

others by direct election. It is worth remembering that the law was approved during the military regime in Brazil, in which there were direct elections for the municipal and state spheres, but not yet for the federal sphere. This procedure was adopted to choose class representatives, indicating that documents are aligned with their time, being influenced by the context in which they are produced.

However, there are elements that I consider even more important, with more sensitive repercussions for speech therapy practice, in articles 1 and 4:

> ***Art. 1*** *The exercise of the profession of Speech Therapist is recognized throughout the national territory, in observance to this present law.*
> ***Single paragraph.*** *A speech therapist is a professional, with a degree in Speech Therapy, who works in* ***research***, ***prevention***, ***evaluation*** *and* ***speech therapy*** *in oral and written communication, voice and hearing, as well as improving speech and voice patterns. [emphasis mine]*
>
> ***Art. 4*** *It is the responsibility of the Speech Therapist and qualified professionals in accordance with specific legislation:*
> *b) to participate in* ***diagnostic teams****, conducting assessments of oral and written communication, voice, and hearing; [emphasis mine]*
> (BRASIL, Law 6965/81) [1]

In Article 1 (Single paragraph), the new category to which the speech therapist now belongs is made clear from the beginning. Its professional practice no longer requires a technical level, but a college degree, instead. Although the words 'research, prevention, evaluation and therapy' are used to describe the work of this professional, the word "diagnosis" does not appear. This word will only appear in Art.4, paragraph b, indicating that the speech therapist participates in a 'diagnosis team', conducting assessment. Now, we know that at the end of an assessment, we need to define a diagnosis, or at least a diagnostic hypothesis to outline a work plan. Therefore, stating that a speech therapist performs assessment and therapy necessarily implies that he performs diagnosis. But, again, the way a statement is chosen and presented also communicates what was not said explicitly. It was not surprising that within ten years, from the CFE regulatory opinion to the approval of the Law, the word 'diagnosis' was used in a subtle and questionable manner, considering the definition of roles and power relations between professions. The word did not pose any doubts for the speech therapist, who knows what his or her work implies. However, others may doubt the competence of anyone who wishes to question this. And that was exactly what happened in the early 2000s, during the movement around the Medical Act Bill.

The Medical Act Bill arose from a movement of medical professionals in favor of the approval of a law that defined specific doctors' acts. The emergence and growth of other areas of healthcare have raised a series of debates and tensions about the boundaries between professions. Although medicine is an old, widely recognized, and prestigious occupation, with professional councils and various regulations, it did not yet have a law that provided for its professional practice. This movement led to the approval of Resolution No. 1627/2001 of the Federal Council of Medicine – CFM, which defined what a "medical act" was. The following year, the text of this resolution gave rise to the draft bill No. 25/2002, which began to be processed in the Federal Senate. The bill was processed for 11 years in the National Congress, underwent several modifications, and was approved in 2013, as Law No. 12842, being sanctioned with some vetoes by the President at the time. From the beginning there was considerable public repercussion and conflict about it. This is because all the other thirteen professions in the healthcare field saw their autonomy and competencies threatened by the text of the aforementioned project. This fierce clash in the discussion and repercussion of the vetoes continued until the end. Topics under discussion included control over diagnosis, therapeutic prescriptions, execution of procedures, leading roles in health services, among other issues.

Parallel to the discussions taking place at the national level, in Rio de Janeiro the situation worsened with the approval of Resolution No. 174/2001, of the Regional Council of Medicine – CREMERJ[17], which defined the medical act in otorhinolaryngology, opening an explicit conflict zone with speech therapy.

I will highlight some excerpts from this Resolution:

> *(...)* ***WHEREAS*** *the objective of a doctors' attention is always the patient's comfort and safety, and that he must always ensure that this condition*

*is guaranteed, after medical consultation he must formalize the indication for application of methods and therapeutical techniques, through possible intervention by non-medical professionals, in their auxiliary or complementary role; (...)*

***Art.1º** It is a Medical Act, and, therefore, the doctor, and only himself, is responsible for: (...)*

***III)** the indication, request and performance of tonal and vocal audiometry, impedance audiometry, tympanometry, otoacoustic emissions, research of evoked potentials, vectoelectro-nystagmography, caloric and rotational tests. (...)*

***V)** the establishment of diagnostic hypotheses or final diagnosis, whether called etiological, nosological, clinical, surgical, anatomical-pathological, organic and/or functional;(...)*

**§1 -** *The procedures listed in section III may be delegated by doctors to speech therapists, under supervision and permanent medical responsibility, and the doctor must sign and authenticate the corresponding report or certificate with a legible name or stamp that includes his registration number at CREMERJ.*

**§2 -** *The selection, choice, or indication of type/brand/model of hearing orthoses, and training or adaptation to the use of orthoses and hearing and speech aids may be delegated by doctors to speech therapists, under supervision and permanent medical responsibility. (...)*

***Art.3** Diagnosis teams, centers, services, programs and campaigns that act directly in the prevention and care of items provided for in Art. 1, related to voice, speech, language, writing, swallowing, breathing, hearing and balance must be coordinated, directed or led by a doctor, who must guarantee compliance with the provisions of this Resolution. (...)*
(CREMERJ, Res. No. 174/01)[17]

In the first highlighted excerpt starting from "Whereas," we can observe a reference to non-medical professionals as performing an "auxiliary or complementary" role to medical practice, as if they were not at the same professional level or enjoying the same prerogatives of autonomy than doctors. This conception is confirmed in §1 by using the word "delegated", implying that the execution of audiological procedures can only happen through the doctor's supervision and responsibility, and that the examination report should be stamped and signed by the doctor, subordinating the validity of the speech therapist's performance to medical supervision. This supervision is further reinforced by the definition of the doctor in the leading role of any service involving activities linked to speech therapy.

The highlighted articles and sections also show the attempt to define recognized practices of speech therapy as exclusive acts of the medical professional. These include issues related to diagnosis (Art.1, V; Art.3). According to this resolution, any kind of diagnosis would be the doctor's exclusive act. And in Article 3 there is mention of 'diagnosis teams', which takes us to Article 4, paragraph b, of our law, as I presented above.

Around the same time, an article by the Official Publicity Body of the Brazilian Society of Otorhinolaryngology – SBORL[18] (2001) criticizes the speech therapy council for publishing two resolutions regulating the role of speech therapists concerning hearing aids and neonatal hearing screening, stating that:

> *"Speech therapy is **an auxiliary science** of medical science. In some cases, it can even be considered **complementary**. But it is **never autonomous**, since the professional qualified in speech therapy has his performance **subordinated** to medical knowledge." [emphasis mine]*
> (SBORL, 2001)[18]

Exactly 20 years after the law 6965/81, which regulated the professional practice of Speech Therapy, we can see that the same tensions present at the beginning of its delimitation as a theoretical-practical field are resurgent. There was a massive impact on work environments and processes, especially in the state of Rio de Janeiro. Even today we find audiometry reports with the doctor's signature next to the speech therapist's signature.

This entire ambience led to a series of national mobilizations, bringing together all health professions and regional councils responding to specific demands. To observe how normative documents express tensions and values related to the contexts in which they are produced, we will analyze the speech therapy code of ethics at three different moments in relation to the themes of diagnosis and autonomy.

## *Speech therapy: a professional identity under construction*

According to law 6965/81[1], Art. 10, XI, the Federal Council is responsible for "disposing (i.e., making decisions) with the participation of all Regional Councils regarding the code of professional ethics". Therefore, this Council is responsible for this code of ethics preparation and subsequent revisions, when deemed necessary. The Federal Council already elaborated five codes of ethics[19-21] in 1984, 1995, 2004, 2016 and 2021. Let us peruse the first three, highlighting some of their articles, as they are closer to the two moments we are analyzing: the transition from technologist to a college degree professional and the beginning of the discussions related to the medical act bill. Let us start with Code 1984[19].

> ***Art. 1*** *- Speech therapy is the profession that aims to care for the individual regarding oral and written communication, voice, and hearing, preventing, rehabilitating, enabling and improving speech and voice patterns without political, social, racial, or religious concerns.*
>
> ***Art. 7 -*** *The speech therapist is prohibited from:*
>
> *b) giving individual or collective speech therapy diagnosis through newspapers, radio, television, correspondence, and/or recordings (cassettes, videocassettes, etc.).*
>
> ***Art. 10*** *– In relation to clients, the speech therapist is prohibited from:*
> *f) providing a clinical diagnosis of any pathology that is not oral and written communication, voice and hearing.*
>
> (Speech therapy code of ethics, 1984)[19]

We can observe that the definition of the profession presented in Article 1 follows the profile of the law 6965, approved three years earlier, not including the word "diagnosis" in the speech therapist's list of duties. However, Article 7, paragraph b, and Article 10, paragraph f, describe situations in which a diagnosis would be prohibited. As I pointed out above, diagnosis is part of the skills of the speech therapist when it is within their scope of training and work. The word was implicit, but the choice not to use it in Article 1, both in the law and in the code demonstrates the point of tension and dispute that was raised regarding it. This code is not structured in terms of rights and duties, it only presents the latter. And there is no reference to professional autonomy in the text, either.

> ***Art. 1*** *- This Code of Ethics regulates the rights and duties of professionals and entities registered with the speech therapy councils.*
>
> ***Art. 3*** *- The Speech Therapist is a healthcare professional, legally accredited under the terms of Law 6965, of December 9, 1981, and by Decree 87218, of May 31, 1982, who works in oral and written communication, voice and hearing, researching, preventing, diagnosing, enabling, rehabilitating and improving, without discrimination of any kind.*
>
> ***Art. 8*** *- The Speech Therapist's rights are:*
> *II- research, diagnose, plan, conduct exams and treatments, prepare reports, guidelines, and speech therapy opinions, observing recognized practices and legal standards in force in the country.*
> *III- have broad autonomy in the exercise of the profession, being able to choose the cases they wish to deal with or not.*
>
> (Speech Therapy Code of Ethics, 1995)[20]

The 1995 code[20] is already structured in terms of rights and duties, as expressed in Art.1. In this version, the word "diagnosis" already appears explicitly, both when defining the profession and when describing its rights. There is already a reference to the word "autonomy;" however, it is limited to the possibility of being able to choose the cases the professional wants to attend. This demonstrates a very restricted vision of what "autonomy" would mean if we think about the construction of professional autonomy from a technical, scientific, ethical, and political point of view. We can think that the circumstances of the context at that time did not pose threats to this kind of autonomy.

> ***Art. 1*** *- This Code of Ethics regulates the rights and duties of those enrolled in the speech therapy councils, according to their specific responsibilities.*
>
> ***Art. 3*** *- Speech therapy is the profession regulated by Law 6965, of December 9, 1981, and by Decree 87,218, of May 31, 1982.*
>
> ***Art. 5*** *- The general rights of registrants, within the limits of their competence and responsibilities, constitute:*

*II- Conduct the activity with broad autonomy and freedom of conviction.*

*III- Assessment, request, preparation and performance of exams, diagnosis, treatment and research, issuing opinion, report and/or certificate, teaching, technical responsibility, advice, consultancy, coordination, administration, guidance, technical examination, and other necessary procedures to the full exercise of the activity.*

(Speech therapy code of ethics, 2004)[21]

The 2004 Code[21] was elaborated at the beginning of the medical act bill movement. It is also structured in the format of rights and duties. We can observe the explicit mention of professional autonomy, no longer restricted to specific situations, but in broader and more comprehensive terms, having guaranteed the rights to the full exercise of the professional activity. We also see the expansion of activities defined as the competence of the speech therapist. This detailed description results from the need to explain the responsibilities of the speech therapist, so that there would not be any doubts about the scope of their work, providing legal support and security in the conflicts taking place at that time.

Analyzing the changes made in the elaboration of the codes of ethics for speech therapy in these three excerpts reinforces the idea initially pointed out that documents do not come about accidentally. Neither do they reflect an unquestionable finding revealed by enlightened minds. In fact, documents are closely intertwined with their time and context, responding to specific demands and challenges.

## Final considerations

Analyzing the set of values, issues and tensions present in the preparation of normative documents for a profession allows us to highlight the ethical and political position present in these definitions. It also allows us to understand how dynamic and continuous these processes are. The analysis also shows how these situations arise from time to time reviving old debates. We have two recent examples to mention.

The first, the draft bill No. 3081/2022, which is being processed in the National Congress in Brasília, intends to deregulate more than eighty-six professions and activities that, in their conception, do not pose a risk to safety, health, public order, individual and property safety. Among the professions included are speech therapy, psychology, nutrition, physical education, veterinary medicine, physiotherapy, occupational therapy, engineering, architecture, agricultural engineering, among many others. The second example is the resolution No. 367/2023, of the regional council of medicine of São Paulo, which defines doctor's competencies in relation to hearing exams, which once again raises debates about requesting exams, diagnosis, and treatment.

These examples help us realize that we need to be permanently aware that the history of speech therapy is made in our daily practice, and that we are artisans of our time. We are responsible for the active construction of guidelines that can guarantee more dignified and respectful relations between professions, ethical and responsible parameters of professional performance for fairer and higher-quality healthcare for the community.

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