Virtue is in the middle
Aristotle

The goal of philosophy to the Greek, contrary to what one would imagine, was the pursuit of the *good life*: a life worthy of being lived. Aristotle was admittedly one of the greatest philosophers of ancient Greece and, like the other philosophers of that time, a natural scientist. He was a mathematician, a biologist, a climatologist and also a doctor. Nowadays his axiom "virtue is in the middle" can still be used for habits, such as diet, exercise, balance between work, family and leisure.

Would his axiom apply to the Brazilian Public Health System (Sistema Único de Saúde – SUS) regarding the treatment of sexually transmitted diseases? The authors would be inclined to answer "yes".

The SUS, which aims to provide universal care and prevention at no cost for people according to their location within a particular neighborhood or region, provides undeniable benefits. Knowledge of the family situation and problems provides an opportunity for prevention, early identification of vulnerability to different conditions and diseases and, in theory, the pursuit of the good life. All this helps in preventing referrals to multiple services and unnecessary displacements, which has positive consequences in terms of convenience, costs and reduction of absenteeism — especially relevant when looking at the high unemployment rates the country is experiencing.

It is known, however, that sexually transmitted diseases are still accompanied by severe stigma and discrimination. In times of the availability of appropriate control of human immunodeficiency virus (HIV) infection, stigma is reported to be the worst problem to be faced by people living with HIV. It is no less for other sexually transmitted diseases, regardless of whether they are curable or those which have chronic conditions accompanied by deep psychosocial impact for long periods or even definitively.

At this point, regionalization becomes a problem. Patients with sexually transmitted diseases are justified in their resistance to be treated in a place where health agents from the community many times might be friends, even members of their family. It is known that secrecy and confidentiality, due to the lack of a bioethics culture, as well as the structural conditions of the services, can often be insufficient. Finally, the efficiency of the services is quite far from the ideal, either due to training deficiencies, lack of supplies, and or discomfort because of sexual nature of the problems. In addiction, many health professionals who work in Family Health Strategy are specialists and do not perfectly ft into the idea of solving most of the community's problems as general practitioner would.

That said, we must ask ourselves: where and how are people with sexually transmitted diseases currently being treated? Although of very debatable scientific value and lacking verification through the use of appropriate methods, we describe a common situation in our daily practice. We often find people who waited too long to get an appointment in the health unit of their region. When it happens, the interaction with the health professional results in referral, which is accompanied with its unfavorable consequences. On the other hand, more recently, primary health care protocols include performing rapid tests for HIV infection, syphilis and hepatitis B and C increased very much the benefts of this visit to the health center.

Would then the middle be the virtue? We must support and strengthen regional services whenever they can be effective, where supplies, medicines, and trained and sensitive professionals are guaranteed. In services with these characteristics, people with sexually transmitted diseases and their partners who feel comfortable will also have benefits. And where services have no such requirements? We recommend the installation of the so-called open door services, which also can provide training, surveillance and generation of local knowledge, especially regarding ethyological agents and its patterns of antibiotic resistance.

It is urgent to effectively know where and how people with sexually transmitted diseases are being treated. We consider it an imperative of operational imperative.

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Conflict of interests

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