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EDITORIAL

Fibromyalgia and disability policy in Brazil: a sociopolitical analysis of Law No. 15.176/2025

Fibromialgia e políticas de invalidez no Brasil: uma análise sociopolítica da Lei nº 15.176/2025

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Over the last two decades, scientific advances have strengthened the understanding of fibromyalgia as a condition associated with central sensitization and altered pain-processing mechanisms[1]. Nevertheless, tensions persist between clinical recognition and institutional validation, particularly within disability and social-security systems. Patients frequently encounter barriers to care and disability-related benefits due to fluctuating symptoms[2,3].

Globally, chronic pain continues to challenge traditional disability frameworks. Historically, disability systems relied on objective biomedical evidence, often excluding conditions characterized by subjective symptoms. More recently, the consolidation of the ICF has encouraged a biopsychosocial perspective focused on functional impact rather than diagnosis alone. Although this paradigm expands possibilities for recognizing conditions such as fibromyalgia, it also raises concerns regarding assessment validity, inter-rater reliability, and sustainability of disability systems[4].

Within this context, Brazil enacted Law No. 15.176/2025, establishing the first federal legal framework recognizing that fibromyalgia, chronic fatigue syndrome, complex regional pain syndrome, and related conditions may constitute disabilities when associated with long-term functional impairment. The law represents an important but complex milestone in Brazilian disability policy[5].

The legislative process emerged within the broader context of the judicialization of health and social security claims in Brazil. Before the law, individuals with fibromyalgia often depended on litigation to obtain disability-related benefits because assessments within the National Social Security Institute varied substantially across evaluators. Patient associations played a central role in reframing fibromyalgia from a disputed diagnosis to a condition associated with measurable functional limitations through awareness campaigns, political advocacy, and strategic litigation.

In the United Kingdom, fibromyalgia may qualify as a disability under the Equality Act 2010 when associated with substantial long-term impairment. Across Latin America, specific legal recognition of fibromyalgia remains limited, making Brazil's legislation comparatively progressive. Law No. 15.176/2025 does not automatically classify all individuals with fibromyalgia as persons with disabilities. Instead, eligibility depends on a biopsychosocial assessment conducted by a multidisciplinary team, typically involving physicians, psychologists, and social workers, according to the Brazilian disability evaluation framework[5].

Conceptually, this approach reflects a transition from a biomedical model of disability—focused exclusively on diagnosis and impairment—to a biopsychosocial model grounded in the ICF. Disability is therefore understood as the interaction between health conditions, individual functioning, and environmental barriers. However, this framework introduces substantial implementation challenges. Brazil currently lacks nationally standardized operational criteria for defining functional limitation in fibromyalgia, creating risks of inconsistent assessments, low inter-rater reliability, and increased judicialization.

Law grants access to rights established under the Brazilian Law for the Inclusion of Persons with Disabilities (Law No. 13.146/2015), including workplace accommodations, employment quotas, social security and social assistance benefits, tax exemptions, accessibility rights, and multidisciplinary healthcare within the Unified Health System[6]. However, important uncertainties remain regarding fiscal sustainability, institutional capacity, and equitable implementation across regions.

Symbolic significance of the legislation is considerable. Historically, many patients with fibromyalgia experienced delegitimization and epistemic injustice due to the invisibility of symptoms. Legal recognition may reduce stigma and improve institutional responsiveness. At the same time, conflating disability recognition with clinical legitimacy creates conceptual risks. Fibromyalgia is clinically legitimate regardless of disability classification, and binary disabled/not-disabled frameworks may fail to capture the fluctuating and heterogeneous nature of chronic pain.

This distinction is particularly relevant for individuals with mild-to-moderate impairment who may not meet disability thresholds. A more nuanced policy approach would differentiate between clinical recognition, functional impairment, and eligibility for specific forms of social protection.

Law also raises concerns regarding unintended psychosocial and behavioral consequences. Research in chronic pain suggests that compensation contexts, illness identity, and perceived injustice may influence symptom severity, work disability, and treatment outcomes[7-9]. Disability-related incentives may, in some circumstances, reduce engagement in active rehabilitation strategies such as exercise, cognitive behavioral therapy, and multidisciplinary care. Although these effects are not universal, they underscore the importance of balancing social protection with recovery-oriented approaches.

Implementation challenges remain substantial. First, the biopsychosocial assessment requires regulation and standardization. Without validated instruments, training programs, and quality-control mechanisms aligned with the ICF and Decree No. 10.415/2020[4,10], disability evaluations may vary considerably across regions and among evaluators. Geographic inequalities may limit access to qualified multidisciplinary teams, particularly in underserved areas.

Second, the law may increase demand for specialized pain management and rehabilitation services within the SUS. Without parallel investment in service capacity and professional training, legal recognition risks amplifying unmet healthcare needs rather than resolving them. Third, the legislation authorizes the creation of a national fibromyalgia registry. Although such a registry could improve epidemiological surveillance and policy planning, it also raises ethical concerns regarding privacy and stigmatization.

The law also highlights broader debates regarding alternative policy approaches. Disability classification is only one mechanism for addressing the needs of individuals with chronic pain. Other strategies—including workplace accommodations independent of disability status, graduated support systems based on functional severity, expansion of multidisciplinary care, and employer incentives for worker retention—may offer more flexible and less stigmatizing responses to the heterogeneous nature of fibromyalgia.

From a policy perspective, the expansion of disability-related benefits to a highly prevalent condition raises important questions regarding long-term sustainability. International experience indicates that recognition of conditions without objective biomarkers often increases demand on social-security systems and intensifies debates regarding assessment criteria and eligibility thresholds.

This study has limitations. As a qualitative policy analysis, it does not provide empirical estimates of the law's social or economic impact. Furthermore, implementation outcomes may vary substantially across Brazil's heterogeneous regions.

In conclusion, Law No. 15.176/2025 represents a historic but complex development in Brazilian disability policy. Its adoption of a functional, biopsychosocial framework aligns with international disability paradigms and may expand social protection for individuals with fibromyalgia. However, the law's success will depend on careful regulation, investment in healthcare infrastructure, methodological rigor in assessment, and continuous policy evaluation. Rather than representing a definitive solution, the legislation should be understood as an evolving institutional experiment at the intersection of chronic pain, disability rights, and social protection. Future research should evaluate implementation processes and long-term social and economic consequences to guide evidence-based policy refinement.

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