ABSTRACT
Objective: to analyze the contextual aspects of the terminal process in the intensive care unit environment.
Method: theoretical and critical reflection based on the method of context analysis discussed during the master's discipline Philosophical and Theoretical Foundations of Nursing Practice, in 2013, at the Federal University of Rio Grande do Norte, Natal-RN. Results: the obtained results are closely linked to immediate, specific, general and meta-context about the phenomenon of terminality and care developed by the nursing staff, where palliative care, encompass the quality of provided care. Conclusion: the debate about the subject in care environments and universities is necessary to modify reality and provide a more humane care at end of life. Descriptors: Terminality of life; Nursing; Palliative Care.

RESUMO
Objetivo: analisar os aspectos contextuais do processo de terminalidade em ambiente de unidade de terapia intensiva. Método: reflexão teórica e crítica com base no método de análise de contexto discutida durante a disciplina de mestrado Bases Filosóficas e Teóricas da Prática de Enfermagem, no ano de 2013, na Universidade Federal do Rio Grande do Norte, Natal-RN. Resultados: os resultados obtidos estão intrinsecamente ligados ao contexto imediato, específico, geral e metacontexto a respeito do fenômeno da terminalidade e no cuidado desenvolvido pela equipe de enfermagem, em que os cuidados paliativos englobam a qualidade na assistência prestada. Conclusão: é necessária a discussão sobre a temática em ambientes assistenciais e universidades para modificar a realidade e proporcionar uma assistência mais humana no fim da vida. Descriptores: Terminalidade da vida; Enfermagem; Cuidados Paliativos.

RESUMEN
Objetivo: analizar los aspectos conceptuales del proceso terminal en el medio ambiente de una unidad de cuidados intensivos. Método: reflexión teórica y crítica basada en el método de análisis de contexto, discutida durante la disciplina de maestría Bases Filosóficas y Teóricas de la Práctica de Enfermería, en 2013, de la Universidad Federal de Rio Grande do Norte, Natal-RN. Resultados: los resultados obtenidos están estrechamente relacionados al contexto inmediato, específico, general y meta-contexto sobre el fenómeno de terminalidad y en la atención desarrollada por el personal de enfermería, en que los cuidados paliativos abarcan la calidad de la atención prestada. Conclusión: es necesaria la discusión sobre el tema en los ambientes de atención y las universidades para modificar la realidad y ofrecer una atención más humana en el final de la vida. Descriptores: Terminalidad de la vida; Enfermería; Cuidados Paliativos.
**INTRODUCTION**

Terminality is still viewed with exceptions in the present society by many people although all are aware of its inevitability. Allied to this, there is the suffering that causes interest to them who observes reflecting the condition of the other in its entirety. Medicine, in an attempt to find ways to overcome the powers of the finitude of the body, experiences the danger of interruption of its duration.¹

In antiquity, the death was expected in home bed, and a public ceremony and organized was held in the dying room that became a public place with free circulation.² The dying process of the human being increased to five years on average, leading to the belief that there is an attempt to deny death with attitudes that aim to postpone it making the diseased, ignorant of his own death. It is further that the familiar cosiness was substituted by large wards and Intensive Therapy Units carrying the diseased to absolute anonymity. The individual is no longer important, but the medical team or the professionals who care for him and his disease, leading to depersonalization of death and disease, leaving care at end of life at the mercy of inevitability.²

In the hospital environment, sophisticated technology leads to caregiver intensive care team to put aside the concept of death and the meanings emanating from it and favor a specialized treatment. Thus, it becomes necessary the act of care, harmoniously, through human valorization permeate in the living condition to live to better care in the final moment of life. This translates into the ability to cohabit, to grow and to humanize with the dimensions of life, illness and death. Based on this, care must permeate all conduct during the process of existence in order to promote quality and holistic care, i.e., in biopsychic, spiritual and social dimension.³

**OBJECTIVE**

- To analyze the contextual aspects of the terminality process in the intensive care unit environment.

**METHOD**

This is a theoretical and critical reflection based on the method of context analysis discussed in the master’s discipline Philosophical and Theoretical Foundations of Nursing Practice, in 2013, at the Federal University of Rio Grande do Norte/UFRN Natal-RN.

As an analysis referential, it was used the method proposed by Hinds, Chaves and Cypress, which addresses the context in four interactive levels, namely: the immediate context, the specific context, the general context and meta-context.⁴

The immediate context is characterized by immediacy. The specific context analyzes the recent past of a certain relevant act encompassing the time, the person and the environment in the instant when the experienced situation happens. In turn, the level of the general context focuses on the experiences of the individual about a given event, as well as their interpretations of remote and current interactions bringing the meaning that the subject formed imbued in their beliefs through the elapsed time. These three levels interrelate with the meta-context, incorporating socio-political and institutional conditions, directly influencing the occurred behaviors and events in order to generate knowledge in a shared social vision.⁵

Studies about the subject in question were analyzed and subsequently, divided into thematic categories related to contextual levels of the above phenomenon. The research sources were printed materials such as books, documents of the Ministry of Health that addressed the topic, as well as online search for the Scientific Electronic Library Online (SciELO) and Literature in Latin American and Caribbean Health Sciences (LILACS) with descriptors Health Sciences (Decs), namely: terminality life; nursing; palliative care in time frame.

**RESULTS**

The dialogic process between the literature and analysis of the context of the terminality process in the intensive care unit environment, as a starting point, the issues were defined by levels in this context: caring in the terminality, as it emerges and runs; the being in a terminal care in intensive care process, showing the ambience where the process of death and dying happens; and most patients with no chance of healing that are cared.

The third thematic category, under the theme of cultures and beliefs about the process of finitude, focused on the beliefs and understandings about the terminality, as well as the way these patients are cared for in hospitals, to reorient care practice in an attempt to humanize the process of death and dying.

In a socio-political perspective, in the category, the policies that encompass
terminality reflected about the policies that guide the subject and the change in the academic training of nursing professionals in regard to bioethical aspects found in the feasibility of professional practice.

- Caring in the terminality

The act of caring in the death and dying process involves several aspects in its context, and nursing professional is directly linked to the course of this exercise in their daily activities.

The technological and scientific advances contributed greatly to the large use of resources in maintenance of life causing new forms of treatment arose to face many problems, making it possible to extend the limits of life. This led to the increasing commercialization of health.6

It conceives to adoption of therapeutic measures that prolong the dying process, and not the life as a promoter of increased suffering and minimizing the patient's dignity. Despite this, futility term is found in bioethics, which is conduct aimed at maintaining life for terminal patients subjected to much suffering extending the dying process, but does not affect length of life.7

In counterpart of this contemporary practice, palliative care are effective means to prevent dysthanasia practice with the attitude of providing quality of end life called orthotanasia in an attempt to assess the limits of life support.7,8

- Being cared - the environment in terminality process in the Intensive Care Unit

The scenario in which ethical issues are observed and experienced with more intense, is the intensive care unit due to the number of patients with unfavorable outcomes, since their clinical condition is incurable and irreversible. Thus arises the technological arsenal in order to offer all the support for sustaining life in all circumstances.

This environment is intended for the care of critically ill patients or risk potentially recoverable under a continuous surveillance optical and that requires specialized materials and human resources in a defined physical area.9

A commonly used synonym, therapeutic obstinacy, is very present in the daily nursing team working in the ICU, where many treatment decisions are made without prior discussion with patients and families before a terminality process, restricting to the determination of one person, usually the physician on duty.10

With this, nursing is faced with inconsistent attitudes, being forced to carry them over to the desire to maintain life at any price, which leads the team to a suffering and wonder about the values that underlie their professional practice.

It is clear that the question of death is still treated inadequately in medical education when unpreparedness is verified, in dealing with patients suffered moments that are in this process. The technological apparatus that enters the ICU allows to preserve biological variables without considering that this is done at the cost of great suffering, often the maintenance of a vegetative be. Therefore, it is essential to rescue feelings of understanding, solidarity and compassion for the patient and family, since unlike this, would be doing a cold science and not contemplating human dignity.11

- Culture and beliefs about the death and dying process

Cultures and beliefs that underlie this process refer to the early twentieth century, where people were not dying for a long time and the time between illness and death was short, with an expected home death bed. There was an importance of the presence of relatives, friends and neighbors, as well as children. Death was familiar, however there was a social fear of the dead.2

In today's time, the process of dying increased its temporality leading us to believe that there is an attempt to deny death through attitudes aimed at avoiding them. Thus, the patient becomes a stranger to their own death.

The advent of technology has made the terminality ill be experienced primarily within the intensive care unit. It is noteworthy that the person remains isolated in the bed, far from what is rather precious for them, like their home, their belongings, i.e., their social environment by restricting the visiting times predetermined by the institutions. Notwithstanding such deprivation, the care of health professionals even with such technological sophistication is still limited, focusing on technical procedures.12

It is imperative that the nurse owns the knowledge based on the holistic and humane care on the terminality patient, which addresses, in addition to the technical aspects, the spiritual needs based on belief and value of each patient using instruments of interpersonal communication, appreciation of beliefs and encouraging religious activities.13

- The policies that encompass terminality
In Brazil, the sociopolitical context is observed by elaborating the Charter of Rights of Users of Health who in its third principle asserts the citizen and the welcoming service free of discrimination towards equality of treatment with a more personal and healthy relationship.

This statement ensures the right to human dignity and choice of place of death expressed in the following subsections: VI - Information about different treatment options according to their clinical condition, considering the scientific evidence and cost-effectiveness of treatment alternatives, with the right to refuse, attested in the presence of the witness; and section VII - The choice of place of death. 14

It is observed that the Charter of Rights of Users of Health is in line with the value and dignity of the human being before the death and dying process favoring a more humane and friendly service.

**DISCUSSION**

Given the immediate context, it can be seen that the phenomenon of terminality is intrinsically involved during the professional practice of the health care team, more closely to nursing, since it deals directly with patients undergoing much pain. Accordingly, specific aspects arise during this process allowing the caregiver staff to take ownership of the issue to better understand the situations of bioethics inherent in this phase of human life.

By analyzing the specific context, it is observed that the intensive care unit is the stage to perform a specialized treatment, where the effects of technology are important and effective for the treatment advocated at this time of life, but one should not assume it all inexhaustible source of conduct to the detriment of respect for human dignity of the patient in a terminal condition.

Given this phenomenon, it is necessary to understand the social context in which the individual belongs, as well as common sense apprehended along a life thus, to understand the best way to care for patients in the final stages of life, because the rescue of a home care, at this time, close to the family offers dignity and quality care, while the sophistication of machinery and procedures is not being able to keep in their life skills, favoring dysthanasia attitudes.

The Meta-context is observed on the resources used in the maintenance of biological functions with emphasis on biotechnoscience that rescues old human desire to conquer death, thus generating therapeutic aggression exerted by many medical professionals. Therefore, reaffirms the process of dying whose genesis refers to the time of Plato explained in the book III The Republic. This shows that the purpose of philosophy was to learn to die. Extrapolating their critical of therapeutic obstinacy, envisioned in a philosophical and contemplative way. 15

In 2012, we talk about the validity of living wills for terminal patients. Known as *Living Will* is a personal, nontransferable document whose purpose is to realize the choices related to medical treatments in the moments prior to terminality in patients out of curability. 16

Such a description provides a means of thinking about human finitude rather than avoid with greed ensuring quality of care involved in the process dying hidden from the prism of orthotanasia. This involves a team prepared to deal with the suffering and the prospect of death at everyday work while maintaining a quiet and safe environment for patients and families. 17

**CONCLUSION**

This contextual analysis of the phenomenon of terminality allowed to reflect about the challenges found during this process, since it is still rooted in the desire to keep life in every circumstance.

It is essential to discuss about the terminality, both in care environments as forming organs in an attempt to better reflect about this hidden issue among numerous activities performed by nurses in order to modify reality and provide a more dignified, humane and quality care even when life reached its final course.

Thus, there is a great challenge on the part of health professionals, educational institutions and government in creating policies more accessible to the population that is in the terminal phase and thus, ensure dignity.

**REFERENCES**

The care during terminal process in intensive...