



CHALLENGES FOR HOSPICE CARE IN PRIMARY HEALTH CARE: INTEGRATIVE REVIEW LITERATURE

DESAFIOS PARA OS CUIDADOS PALIATIVOS NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO INTEGRATIVA DE LITERATURA

DESAFÍOS PARA LOS CUIDADOS PALIATIVOS EN LA ATENCIÓN PRIMARIA A LA SALUD: REVISIÓN INTEGRADORA DE LITERATURA

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ABSTRACT

Objective: to analyze the publications on palliative care (PC) in primary health care (PHC) and the challenges to implementing this level of assistance. **Method:** an integrative review aimed to answer the following question: what are the national and international studies that address the PC in the context of PHC? Databases were consulted: PubMed/Medline, LILACS, and SciELO virtual library, using the DECS descriptors/Mesh cuidados paliativos, palliative care, atenção primária à saúde, primary health care, estratégia de saúde da família, combined by the operator Boolean AND. **Results:** there were 25 articles that met the criteria, twenty were selected. Two summary tables were presented, the first containing title, journal, year and goal and the other with the title and described challenge. The articles were grouped into four categories: professional experiences, patients, and caregivers; PC Management in PHC; Educational interventions for CP and CP Challenges in PHC. **Conclusion:** although many studies address the issue of CP in PHC, they also point out several challenges for the implementation of such care in this context. **Descriptors:** Palliative Care; Primary Health; Family Health Strategy.

RESUMO

Objetivo: analisar as publicações sobre Cuidados Paliativos (CP) na Atenção Primária à Saúde (APS) e os desafios para a implementação neste nível de atenção. **Método:** revisão integrativa com vistas a responder a seguinte questão norteadora: quais são os estudos nacionais e internacionais que abordam os CP no contexto da APS? Foram consultadas as bases de dados: PubMed/Medline, LILACS e a biblioteca virtual SciELO, empregando os descritores DECS/Mesh cuidados paliativos, palliative care, atenção primária à saúde, primary health care, estratégia de saúde da família, combinados por meio do operador booleano AND. **Resultados:** identificaram-se 25 artigos que atendiam aos critérios, sendo selecionados vinte. Foram apresentados dois quadros sinópticos, o primeiro contendo título, periódico, ano e objetivo, e o outro com o título e o desafio descrito. Os artigos foram agrupados em quatro categorias: Experiências de profissionais, pacientes e cuidadores; Gestão dos CP na APS; Intervenções educativas para os CP; e Desafios para os CP na APS. **Conclusão:** apesar de muitos estudos abordarem a temática dos CP na APS, eles ainda apontam diversos desafios para a implementação destes cuidados neste contexto. **Descritores:** Cuidados Paliativos; Atenção Primária à Saúde; Estratégia de Saúde da Família.

RESUMEN

Objetivo: analizar las publicaciones sobre cuidados paliativos (CP) en la atención primaria a la salud (APS) y los desafíos para la implementación en este nivel de atención. **Método:** revisión integradora para responder la siguiente pregunta guiadora: ¿Cuáles son los estudios nacionales e internacionales que enfocan los CP en el contexto de la APS? Fueron consultadas las bases de datos: PubMed/Medline, LILACS y la biblioteca virtual SciELO, empleando los descriptors DECS/Mesh cuidados paliativos, palliative care, atención primaria a la salud, primary health care, estrategia de salud de la familia, combinados por medio del operador booleano AND. **Resultados:** se identificaron 25 artículos que atendían a los criterios, siendo seleccionados veinte. Fueron presentados dos cuadros sinópticos, el primero conteniendo título, periódico, año y objetivo y el otro con el título y el desafío descrito. Los artículos fueron agrupados en cuatro categorías: Experiencias de profesionales, pacientes y cuidadores; Gestión de los CP en la APS; Intervenciones educativas para los CP; Desafíos para los CP en la APS. **Conclusión:** a pesar de muchos estudios enfocar la temática de los CP en la APS, los mismos todavía muestran diversos desafíos para la implementación de estos cuidados en este contexto. **Descriptor:** Cuidados Paliativos; Primaria de la Salud; Estrategia de Salud de la Familia.

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INTRODUCTION

Studies¹⁻³ have discussed the possible implications of the current population aging process and multiple chronic diseases, emphasizing the need for further discussions on palliative care (PC). Medical and technological advances have also contributed to the increase in life expectancy of the population, which has provided major challenges to health systems, offering assistance to a growing number of frail people with different health conditions. This scenario has led to a real crisis in the management of health systems because they are structured, historically, for the acute and hospital care.⁴⁻⁵

This situation also encouraged the change of PC focus, which traditionally were related to cancer and specialized care. Currently, its concept has been expanded to other chronic non-communicable diseases (NCDs) and other care settings.^{4,6}

The PC is an approach to care, focused on improving the quality of life of patients and their families, who face conditions that limit life through the prevention, assessment and treatment of pain and other physical, psychological and spiritual problems.⁵ it is recommended the adoption of this definition and its use as a model for building health and education policy initiatives.^{3,7}

There is extensive evidence about the benefits of PC to optimize the quality of life of patients and their families. However, services are often fragmented and have several disparities in the provision of care.² Canada, for example recognized the relevance of such care and proposed some policies for the development of PC in the country. Such policies aim to provide quality care and home environment to reduce hospitalizations and unnecessary assistance.¹

The policies for the PC have emphasized the need to avoid hospital admissions in this population, considering the costs to health systems. They also emphasize respect for the dignity of the patient, to consider the opportunity even to die in the place of their choice and a family atmosphere.² It is known that most people would rather die at home, so the availability of PC in Primary Health Care (PHC) is of great importance to meet this preference.⁷

In recent years, patients have multiple and complex needs, which results in providing PC by multiple providers and multiple configurations: residential, hospital, clinics and offices. In this sense, patients and their families require the provision of PC in a planned manner. That is, through the

deliberate organization of care, patient-centered, to optimize and integrate service delivery and consider the continuity of care. However, despite this need, this type of coordination is often lacking, resulting increase in hospitalizations and reduced access to care.⁸

In Brazil, PHC is implemented by the Family Health Strategy (ESF), which was proposed in the country in 2006, after the publication of the Ordinance of the Minister's Office (GM)/Ministry of Health (MOH) N° 648 of 28 March 2006.⁹ However, the Ordinance GM/MOH N° 963 of May 27, 2013 also describes the role of PHC in home care in PC, being identified as attention Homecare type 1 (HC1), with the objective to assist the people with the following characteristics: patients who have health problems controlled/compensated and physical difficulty or impossibility of getting to a health facility and those who need less complex care, less frequency, with less need for resources of health. This Ordinance also provides for the organization of expert assistance through the Home Care Service (HCS) and the performance of multidisciplinary teams of Home Care (MTHC).¹⁰

Considering the Brazilian setting of the scarcity of services and specialized teams, PHC starts to play an important role in coordinating such care.¹¹ A holistic assessment and PC should be started early, and not just in recent weeks. Patients and staff of PHC believe that this level of care plays an important role in these care, and collaborate in the transition between secondary and home care.¹²

When considering the current context of population aging and the increase in NCDs, it is important to carry out studies into the debate on the PC in the PHC. This research sought to synthesize the literature on PC in the PHC to cooperate in the planning and development of public policies and as well as for assistance in PC, highlighting the challenges for the implementation of such care at this level of care.

OBJECTIVE

- To analyze the publications on the PC in the PHC and challenges for the implementation of PC in this level of care.

METHOD

To meet the objectives proposed in this study, it was decided to carry out an integrative literature review to answer the

following question: What are the national and international studies that address the PC in the context of PHC? To this end, the following steps were followed: establishment of hypothesis and objectives of the integrative review, establishment of criteria for inclusion and exclusion of articles (sample selection), definition of information to be extracted from the selected articles, analysis of results, discussion and presentation of results and presentation of the review.¹³

The search was conducted in July 2015, consulting the databases PubMed/Medline, LILACS (Latin American and Caribbean Health Sciences) and the virtual library SciELO (Scientific Electronic Library Online). Descriptors available in Decs/Mesh were used: palliative care, primary health care, family health strategy, combined using the Boolean AND operator.

The search strategies used for selecting articles were PubMed: Palliative care AND Primary health care in LILACS and SciELO: Palliative Care AND Primary Health Care.

Articles in Portuguese, English and Spanish were included, contemplating the PC theme in PHC published in the period of 2010 to 2015. A form was developed to facilitate the analysis and characterization of the sample articles. The form used provided the following information: Article identification and authors, source location, objectives, design and challenge for PC in the context of the PHC.

The selection was through a careful reading of the title and abstract online. Later, the selected studies were read in full and evaluated if answered or not the main question of the research.

Based on the critical analysis of the abstracts, 20 (100%) articles were selected that met the proposed selection criteria. Below it can be seen the results of the searches with the intersections of descriptors (Figure 1):

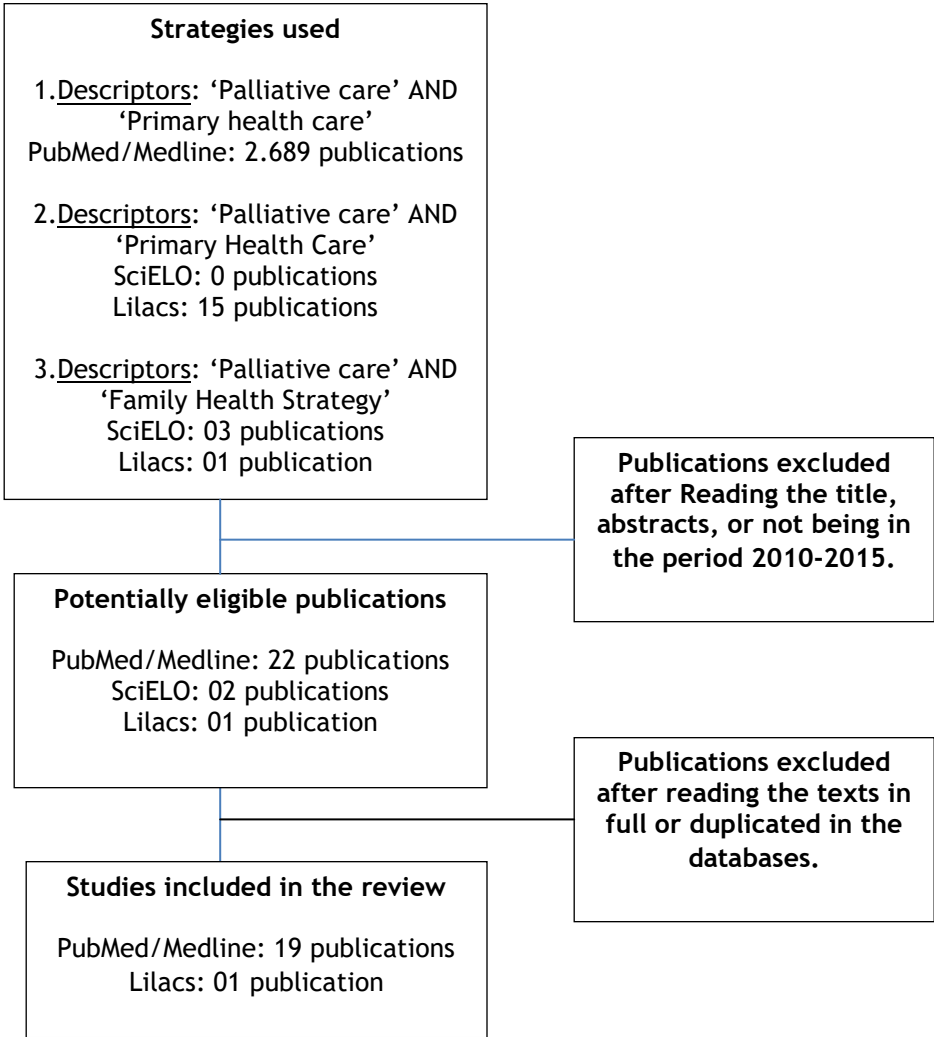


Figure 1. Search strategies for the articles included in the review - Três Lagoas, MS, Brazil, in 2015.

A validated instrument¹⁴ to set the level of evidence for each study was used: I- Systematic or meta-analysis reviews; II Randomized, controlled trial; III Controlled clinical trial without randomization; IV- Control or Cohort Case; V- Systematic review

of qualitative or descriptive studies; VI Qualitative or descriptive study; VII- Opinion or expert consensus.

In this study, the results were presented by the construction of two synoptic tables, the first containing the title of the article,

journal, and year of publication, objective and evidence level (Table 2). The second figure was composed of the article title and the challenges for the context of PHC (Table 3).

For the processing of data, first, there was a reading of the entire transcript material, followed by a pre-analysis. After that, cutting, aggregation, and enumeration of data were performed, allowing clear indications of categories. Then, the categorization was initiated, where the information contained in the statements of the participants formed the corpus of analysis that led to the development of indicators that were submitted to analytical and subsequent inference procedures, compared with the literature data.¹⁵

As for the synthesis of publications found in databases for analysis and organization, it was possible to group them, distributing them in the following categories: I. professional, patients and caregivers experiences; II- Management of palliative care in primary health care; III-educational interventions for palliative care and IV- Challenges for palliative care in primary health care. Given stratifying the main challenges to PC in PHC, category IV was divided into 03 sub-categories: 1. Management of palliative care

in primary health care; 2 Palliative care centered on the needs of patients and families; 3- Communication and patient-linking in palliative care.

RESULTS

Regarding the characterization of the analyzed articles, six (30%) were published in 2015, four (20%) in 2013, four (20%) in 2012, four (20%) in 2011 and two (10%) in 2010.

Among the studies, nine (45%) were published in magazines specifically for palliative care, three (15%) in family health magazines, two (10%) in a health magazine, two (10%) in nursing magazines, one (5%) of geriatric medicine and three (15%) in related fields. Regarding the type of study, it was observed that the largest portion of the articles are qualitative approach with six (30%), followed by four (20%) descriptive, three (15%) cross-sectional studies, three (15%) study case, one (5%) randomized clinical trial, one (5%) comparative randomized, one (5%) analytical, one (5%) meta-ethnography.

A summary table (Table 2) was constructed to facilitate the visualization of the results. Through this table, the titles of articles, journals in which they were published, year of publication and the purpose of each study was seen:

Article	Title of the article	Journal and year of publication	Objective	Method	L3evel of evidence
01	Palliative care in the home: perceptions of nurses in the Family Health Strategy	Acta Paul Enferm. 2012	Understanding the perception of nurses of the Family Health Strategy about palliative care at home.	Descriptive, exploratory study with a qualitative approach	VI
02	Case management in primary palliative care is associated more strongly with organizational than with patient characteristics: results from a prospective cross-sectional study	BMC Palliat Care. 2015	Describing and investigating patient characteristics and the organizational environment, related to the number of contacts and times that cases are discussed among patients and managers of professional cases.	Prospective study of transversal cohort	VI
03	OA59 Developing an innovative model of palliative care in the community in Brazil	BMJ Support Palliat Care. 2015	Proposing a model of palliative care in the Public Health Service of Brazil, offered through the Primary Care to the community.	Descriptive	VI
04	Interaction of palliative care and primary care	Clin Geriatr Med. 2015	Analyzing the set of primary palliative care skills and criteria to consider when patients are eligible for specialized palliative care.	Experience report	VI
05	The role of UK district nurses in providing care for adult patients with a terminal diagnosis: a meta-ethnography	Int J Palliat Nurs. 2015	Exploring the role of nurses in a UK district in the care of adult patients with a terminal diagnosis.	Meta-ethnography	V
06	Palliative care case managers in primary care: a descriptive study of referrals about treatment aims	J Palliat Med. 2015	Investigating the referral of patients for case managers of primary care about three elements: diagnosis, treatment goals, and needs	Cross-sectional study	VI

			(reasons for reference).		
07	Promoting palliative care in the community: production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care	Palliat Med. 2015	Documenting the barriers and facilitators to palliative care in the community and allowances for experts in palliative care, health professionals, primary care, and national groups to facilitate the development of palliative care in their countries.	Cross-sectional study	V
08	Anticipatory prescribing in terminal care at home: what challenges do community health professionals encounter?	BMJ Support Palliat Care. 2013	Exploring the challenges faced by primary health professionals and community in Leicestershire and Rutland related to early prescription care to terminally ill patients who wish to stay at home to die.	Qualitative study	VI
09	Palliative care in Primary Care: presentation of a case	Semergen. 2013	Presenting the case study of a patient with refractory glioblastoma multiform treatment.	Case study	VI
10	Clinical effectiveness of online training in palliative care of primary care physicians	J Palliat Med. 2013	Testing the clinical effectiveness of online education in palliative care for doctors, through the impact on symptom control, quality of life, caregiver satisfaction, and knowledge of doctors in 18 months of educational intervention.	Randomized clinical trial	II
11	Integrating palliative care information and hospice referral in Medicaid primary care	J Palliat Med. 2013	Evaluating an intervention to improve communication about planning early assistance and facilitating referral to palliative and hospice care.	Analytical	VI
12	Do rural primary health care nurses feel equipped for palliative care?	Aust J Prim Health. 2012	Exploring the experiences of nurses and determining how they feel personally and professionally equipped to provide palliative care.	Qualitative	VI
13	How family physicians address diagnosis and management of depression in palliative care patients	Ann Fam Med. 2012	Exploring the family medical opinions on the recognition, diagnosis, and treatment of depression in patients in palliative care.	Comparative analysis	VI
14	Primary palliative care: the potential of primary care physicians as providers of palliative care in the community in the Eastern Mediterranean region	East Mediterr Health J. 2012	Assessing the urgent need to provide palliative care in the Western Mediterranean region and proposing that primary health care providers implement palliative care in their communities.	Descriptive	V
15	Participatory knowledge exchange for supporting palliative care in Chile: Lessons learned through global health research	Can J Nurs Res. 2011	Supporting the provision of palliative care in vulnerable contexts through a participatory process of exchanging knowledge, using qualitative and participatory methodologies.	Qualitative	VI
16	Effects of online palliative care training on knowledge, attitude and satisfaction of primary care physicians	BMC Fam Pract. 2011	Comparing the knowledge and attitude of primary care doctors about palliative care for patients with advanced cancer, as well as the satisfaction of the doctors who followed a training program in online palliative care mentoring.	Randomized Controlled Study to Comparison	II
17	Palliative and support care at home in primary care	Gac Sanit. 2011	Estimating the proportion of people who need palliative care and support at home in primary care and describing	Descriptive study	VI

			their characteristics.		
18	Palliative care for a child: role of a primary care doctor	Malays Fam Physician. 2011	Highlighting the importance of the primary care doctor's role in providing palliative care for a child of the community.	Study case	VI
19	Shared care in basic level palliative home care: organizational and interpersonal challenges	J Palliat Med. 2010	Analyzing the views of health professionals on interprofessional cooperation in the basic level of palliative home care for patients with terminal cancer.	Qualitative, descriptive study	VI
20	Developing targets for public health initiatives to improve palliative care	BMC Public Health. 2010	Developing the first targets of public health initiatives to improve palliative care in Germany.	Pilot/quality studies	VI

Figure 2. Scientific production about palliative care in primary health care in the period 2010 to 2015 - Três Lagoas-MS, Brazil, in 2015.

It is observed that most of the articles, nine (45%) have as objectives to understand experiences and professional roles, patients and family members about the PC in the PHC, followed by seven articles (35%) focused on the theme of management that addressed

different aspects, including: diagnostic criteria and eligibility, situational diagnosis of PC and proposals and tools directed to the organization of the PC in the PHC and the importance of educational interventions on the theme four (20%).

Article	Title of the article	Challenges
01	Palliative care in the home: perceptions of nurses in the Family Health Strategy	To focus PHC in care production logic, oriented to the problems, the needs and the user's quality of life, contemplating not only curative procedures and actions but human relationships, the bond, and the host.
02	Case management in primary palliative care is associated more strongly with organizational than with patient characteristics: results from a prospective cross-sectional study	To provide patient-centered care and not the organizational logic, as they have been implemented by case managers.
03	OA59 Developing an innovative model of palliative care in the community in Brazil	To develop innovative models for PC in PHC.
04	Interaction of palliative care and primary care	To plan assistance in PC of the PHC, considering the discomforts and difficulties in addressing issues that can cause pain, depression, or destroy hope.
05	The role of UK district nurses in providing care for adult patients with a terminal diagnosis: a meta-ethnography	To encourage the organization of an information flow between secondary and primary care.
06	Palliative care case managers in primary care: a descriptive study of referrals about treatment aims	To broaden the scope of care in PC of PHC, contemplating other NCDs, not just cancer.
07	Promoting palliative care in the community: production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care	To train professionals to identify eligible patients for PC in PHC.
08	Anticipatory prescribing in terminal care at home: what challenges do community health professionals encounter?	To improve communication and trust between patients and professionals.
09	Palliative care in Primary Care: presentation of a case	To also consider the family of the terminally ill person in planning care.
10	Clinical effectiveness of online training in palliative care of primary care physicians	To assess the expectations of patients and caregivers about care, to improve the quality of life and avoid unnecessary trips to emergency services in the final stage of the disease.
11	Integrating palliative care information and hospice referral in Medicaid primary care	To create centered care systems in the patient, to promote patient autonomy, to improve the quality of life, and to lead to the more effective use of health care resources.
12	Do rural primary health care nurses feel equipped for palliative care?	To end barriers to continuing education of professionals, including workload and geographic isolation.
13	How family physicians address diagnosis and management of depression in palliative care patients	To improve the diagnosis and treatment of depression in PC patients by PHC doctors through better communication strategies in the doctor-

		patient relationship.
14	Primary palliative care: the potential of primary care physicians as providers of palliative care in the community in the Eastern Mediterranean region	To implement training and support in PC, to improve the ability for the end of life care.
15	Participatory knowledge exchange for supporting palliative care in Chile: Lessons learned through global health research	To ensure better access and equal to the PC in the community.
16	Effects of online palliative care training on knowledge, attitude and satisfaction of primary care physicians	continuing education needs of primary care doctor to PC.
17	Palliative and support care at home in primary care	To expand the focus of the PC, because most are very focused on providing care in response to specific clinical processes, such as malignant tumors.
18	Palliative care for a child: role of a primary care doctor	To implement PC for children, due to lack of knowledge and experience in this field.
19	Shared care in basic level palliative home care: organizational and interpersonal challenges	To improve the organization of PC at this level of care (PHC) and the work culture among health professionals.
20	Developing targets for public health initiatives to improve palliative care	To establish individual goals for each patient according to their framework for the implementation of the PC.

Figure 3. Characterization of the challenges pointed out by the authors about palliative care in primary health care -Três Lagoas-MS, Brazil, in 2015.

For the analysis of the selected articles, four thematic categories were proposed. Category I - **professional experiences, patients and caregivers** had the largest number of studies (articles 01, 05, 07, 08, 09, 12, 13, 18, 19) (nine, 45%), followed by category II - **palliative care management in primary health care** with seven (35%) studies (Articles 02, 03, 04, 06, 14, 17, 20), since the category III - **educational interventions for palliative care** presented four (Items 10,11, 15, 16) (20%). In the category IV- **Challenges for palliative care in primary health care**, was composed of 20 (100%) (Articles 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13 , 14, 15, 16, 17, 18, 19, 20) and presented challenges for PC in the PHC described in each of the selected articles.

Still in category IV-challenges for palliative care in primary health care, it was divided into three sub-categories, which are: 1- **Management of palliative care in primary health care**, which had the highest number of studies (articles 03, 05, 07, 10, 11, 12, 14, 15, 16, 19) ten (50%). The subcategory 2 **Palliative care centered on the needs of patients and family** consisted of seven (35%) studies (Articles 01, 02, 04, 10, 11, 17, 20). Already the subcategory 3 **Communication and patient-linking in palliative care** consisted of seven (35%) of the studies (Articles 01, 05, 08, 10, 13, 18, 19). It is noteworthy that some articles were listed in more than one subcategory.

DISCUSSION

In this review, it is identified a greater number of studies that addressed the

experiences of professionals, patients and caregivers with the PC as described in Category I. **Category I - Professional, patients, and caregivers experiences:** as the professional experience, a review systematic with the aim of analyzing the literature on stress and burnout in nurses working in PC, found that although the job requirements are a common cause of stress in the reported studies, there is no evidence that nurses working in PC have more high levels of stress than nurses working in other areas. The most common causes of stress reported in the articles were the work environment, the role conflict, and issues with patients and their families. It is noteworthy that the majority of nurses worked in home care environments.¹⁶

As the experiences of family caregivers, a review study aimed to summarize the studies on the experiences of family caregivers of people with neurodegenerative diseases found that the experiences in PC were often negative. Studies have suggested that these care require a major change in family roles of caregiver, involving the decline of sexual relationships between caregivers spouse and the great responsibility given by other family members towards the caregiver. The study also reported stress, overload and impact on quality of life of family caregivers.¹⁷ Another review to see how the psychological distress is conceptualized in families receiving PC found that “distress” in families of PC, is currently regarded as a construction covering somatic multi-dimensional aspects, involving cognitive, affective aspects, domains behavioral and quality of life.¹⁸

Another review study to describe the experience of pediatric oncology patients and

Santos Junior AG dos, Santos FR dos, Pessalacia JDR.

Challenges for hospice care in primary...

their parents for the care of end of life identified symptoms such as anxiety and dissatisfaction with care in these populations. The evaluation of the articles indicated that children experience distressing symptoms, even having access to specialized professional services, advanced technology and the availability of numerous agents to relieve symptoms. The study also found that open communication and parental access to professional caregiver to their child can contribute to greater satisfaction.¹⁹

Among the studies that make up this category, the important role of health professionals about PC is highlighted, improving the experiences of patients and their families/caregivers, especially nursing professionals. A study²⁰ concluded that the link and the proximity to the patient is a feature in the actions of the FHS nurses on care at the end of life and that this bond favors a look amplified for both the patient and his family, allowing more human experiences. However, another study²¹ emphasizes the importance of considering the difficulties of professionals to make this bond, claiming to be a very difficult situation for nurses dealing with patients who are on PC, especially in small and remote communities, and as difficulties, there is the lack of material resources, educational and geographic isolation.

Category II - palliative care management in primary health care: as the results of category II, it can be said that this issue is a challenge for PC in the world, compared to the current population aging process and increase the incidence of NCDs. One study noted that most patients worldwide still die before they have access to specialists or generalists PC and so that the accessible care should be available in community bases. The cited study was conducted in several European countries and aimed to identify barriers and facilitators to the PC in community-based and identify resources and tools for experts in PC, health professionals PHC, policy makers, service developers, educators and national groups, in general, to facilitate the development of PC in their countries. The results indicate that most patients still die in PC in hospitals, although preferably the home environment. It also demonstrated how barriers to primary PC: lack of knowledge and skills in PHC; financial systems that do not allow refunds to PC; problems in the policies of availability of medicines; lack of infrastructure and professional support or experts; lack of early identification of

patients in need of PC and limited understanding about these care.²²

Considering also the category II, international study²³ states that there is an urgent need to develop PC services in the Mediterranean region and that primary care is in a strategic position to address the patient identification problems needs, whether physical, social, psychological or spiritual. Another study²⁴ points out that in Brazil there is still no strategy that promotes the integration of primary health care with the PC. In this scenario, it is evident the difficulty in implementing a strategic policy for the PC in PHC, combined with all levels of care (primary, secondary, tertiary and quaternary).

Category III - Educational interventions for palliative care: In category III, educational interventions for PC, the four articles that make up this category were developed with prospects to evaluate or report the impact of educational activities developed with the professionals already they are included in the services. A study²⁵ points out that addressing aspects related death, is still a major challenge for educators, especially in Western nations that death is often associated with pain, suffering, punishment and not as an outcome of the stage of the life cycle. Added to this scenario, discussions on the PC still are absent or superficial within the academic training.

The same study²⁵, which aimed to raise and analyze the theme of death and to die in academic nursing, concluded that there is no preparation of nursing students on the topic. Also, teachers feel insecure to work issues related to death, since their formation also had a poor approach to the subject. Also according to the same study, a specific education program is required for the issue, considering a critical and reflective view of reality, which will provide the construction of educational projects that include not only a focus on healing but a focus in PC, seeking a death with dignity.²⁵

Regarding **Category IV - Challenges for palliative care in primary health care:** it is noted that the largest share of challenges is related to **sub-category 1 - palliative care management in primary health care.** A Brazilian review, to understand the role of professionals in primary health care in CP, points out that the implementation of attention for Family Health Centers (NASFs) favors the monitoring of PC in PHC, especially by multidisciplinary team support. However, note that the professionals of the PHC/FHS run into difficulties as the disarticulation with other parts of the health care network,

especially with emergency services²⁶, a more coordinated management is necessary, with the establishment of flows and increased communication among health services.²⁷

Another relevant aspect is the importance of amplifying the offer of PC to all diseases, not just cancer patients. An international study to investigate the referral of patients in PC for PHC found that the majority were patients with cancer.²⁷ In Brazil, the supply of PC patients with cancer is a guideline provided by the national policy for cancer prevention and control in care network to health of people with chronic diseases under the Unified health System (SUS).²⁸

Regarding the **sub-category 2 - Palliative care centered on the needs of patients and families**, several studies point out the need to focus on the PC, not in an organizational or productive aspect as performing procedures or curative actions. However, promoting PC focused on the needs of users, contemplating human relationships, bonding and hosting.^{7,20}

The subcategory 3 Communication and patient-linking in palliative care, there is the importance of strengthening the communication and the establishment of a connection. A study to find out how nurses use communication under the PC concluded that communication is presented as an effective instrument of patient care, considering that communication allows the clarification of doubts and that patient expose their troubles and needs, either through verbal or nonverbal. It is noteworthy that this study was conducted with 27 nurses in a hospitalar.²⁹

Another international study³⁰, aimed at exploring the challenges faced by PHC practitioners about prescription care for terminally ill patients, concluded that for the implementation of good practice at the end of life, it is essential to the adoption of good relationships between patients and professionals. It is noteworthy that for the establishment of a good relationship nurse/patient, it is necessary to promote a balanced and dignified environment.³¹

According to the results of this study, it is evident the need to establish assertive policies aimed at the implementation and strengthening of PC with PHC, communication, and reference flow establishments and against an actual reference, supported by continuing education activities and expansion of the discussions of this issue in the training of health professionals.

CONCLUSION

From the results found in this review, it is concluded that despite a large number of studies address and discuss the issue of PC in PHC; they also point out several challenges for the implementation of such care at this level of attention. Such challenges, run aspects ranging from management, communication, patient and professional linking and alignment of care based on the needs of patients and families. It is further the need for the integration of PC as a national policy, objectives, principles, guidelines and goals for all levels of health systems, getting effective communication between services, professionals, and patients relatives.

It is also confirmed the need for amplification of this issue with the educational projects courses in health, especially in the context of undergraduate courses in nursing, allowing scholars, problematize and experience that will have to face in their professional practice. Also to the importance of educational activities with professionals who are already in practice to improve the quality and service.

It is pertinent to strengthen the discussion of this issue with the nurses, through meetings, conferences, seminars, educational activities, conversation circles, given that these professionals are often present during the stages of planning, evaluation and implementation of palliative care. it also confirms the importance of conducting further studies on this topic involving nursing professionals, this aspect evidenced by the few publications in nursing journals.

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