REFLECTIONS ABOUT THE PALLIATIVE CARE IN THE NURSING GRADUATION CONTEXT

ABSTRACT

Objective: to promote the reflection about the necessity to introduce at the nursing under graduation courses the theme palliative care as a subject. Method: descriptive study of the reflective kind, elaborate and constructed through scientific production researches from January to February 2016 on the data basis MEDLINE, LILACS, BDEFN and virtual library SCIELO. Through the descriptors: “Nursing”, “Palliative Cares”, “Death” and “Health Degree”. Results: the findings allowed the reflection about the necessity to discuss and implant a specific subject about the palliative cares into the nursing under graduation course curriculum aiming to prepare the students more successfully to the care in this context. Conclusion: the biggest challenge is to train and develop team more conscious and compromized with the palliative care job, not limited only to the comfort measures, pain control and medicines administration. Descriptors: Nursing; Palliative Care; Death.

RESUMO

Objetivo: promover reflexão sobre a necessidade de introduzir nos cursos de graduação em enfermagem a temática cuidados paliativos enquanto disciplina. Método: estudo descritivo, tipo reflexivo, elaborado e construído por meio de pesquisas da produção científica nos meses de janeiro e fevereiro de 2016 nas bases de dados MEDLINE, LILACS, BDEFN e biblioteca virtual SCIELO. Por meio dos descritores “Enfermagem”, “Cuidados paliativos”, “Morte” e “Formação em saúde”. Resultados: os achados permitiram a reflexão sobre a necessidade de discutir e implantar uma disciplina específica sobre cuidados paliativos dentro das grades curriculares dos cursos de graduação em enfermagem a fim de preparar os graduandos mais efetivamente para o cuidar neste contexto. Conclusão: o maior desafio consiste em capacitar e formar equipes cada vez mais conscientes e comprometidas com o ofício de cuidar paliativamente, não se limitando apenas a medidas de conforto, controle da dor e administração de medicamentos. Descritores: Enfermagem; Cuidados Paliativos; Morte.

RESUMEN

Objetivo: promover la reflexión sobre la necesidad de introducir en los cursos de graduación en enfermería el tema de los cuidados paliativos como una disciplina. Método: estudio descriptivo, tipo reflexivo, elaborado y construido a través de la investigación de la producción científica en enero y febrero de 2016 en las bases de datos MEDLINE, LILACS, BDEFN y SCIELO biblioteca virtual. Con los descriptores a través de la “enfermería”, “cuidados paliativos”, “Muerte” y formación en materia de salud . Resultados: los resultados permitieron a la reflexión sobre la necesidad de discutir y poner en práctica una disciplina específica de los cuidados paliativos en los planes de estudio de los cursos de graduación en enfermería con el fin de preparar a los estudiantes graduados de manera más eficaz para la atención en este contexto. Conclusión: el mayor desafío es entrenar y formar equipos cada vez más conscientes y comprometidos con el arte del cuidado paliativo, no se limitando únicamente a las medidas de conforto, manejo del dolor y la administración de medicamentos. Descriptores: Enfermería; Cuidados paliativos; Muerte.

1Nurse, Specialist in Change Process Activation in Health Training, Ceará Technological Education Center Institute, Fortaleza (CE), Brazil. E-mail: ronnyufpb@gmail.com; 2Nurse, Science PhD Professor, Paraíba Federal University, João Pessoa (PB), Brazil. E-mail: aurilene_cartaxo@hotmail.com; 3Nurse, Master Professor, Nursing Bachelor Course, Campina Grande Federal University. PhD student, Nursing Graduation Program, Paraíba Federal University, João Pessoa (PB), Brazil. E-mail: glendaagronline@gmail.com; 4Nurse, PhD Professor, Nursing Under graduation and graduation Course, Paraíba Federal University, João Pessoa (PB), Brazil.E-mail: marthanyam@gmail.com; 5Nurse, Professor (Replacement), Nursing Master, Goias Federal University, Catalao (GO), Brazil.E-mail: vanuccia@gmail.com
INTRODUCTION

The technological advance has proportioned new advances to therapeutic modalities and doing so, the increase of the life expectative. In the meantime, there is an aging population with increasing the number of individuals with chronic illnesses corroborating a significant demand attention where healing, in some cases, no longer possible.¹

The process of dying human being increased to five years on average, leading us to believe that there is an attempt to deny death with attitudes that aim to postpone making her sick, ignorant of his own death. Added to this the hearth was replaced by large wards and Intensive Care Units taking the sick to absolute anonymity.²

The bio-centric hospital care model has prevailed in our culture, and it is believed that the disease and the process of death and dying in a hospital mean a better service than anywhere else. Although in many cases the traditional hospital is still the most appropriate place for care, the idea focused on this model happens to be changed gradually. Currently, due to the development of new drugs, devices and advances in medicine, it is possible that various diseases are treated at home.³

The word hospice is a translation of the Latin hospitium word, meaning “lodging, hospitality” and translates a feeling of welcome. Thus, this movement includes a primary concept of care, if it is not a physical structure itself, but the philosophy of palliative care that would be. This philosophy spread the thought that much can be done to help people with an incurable disease and progression. In literature, in addition to meaning based on the origin of the word, the term hospice care brings together different definitions. However, all encompass the essence of care to people with advanced and incurable disease.⁴

By reference to that type of care arises in Lyon in France an institution that catered dying which later made possible the emergence of other hospices founded in Ireland and England. Finally in 1970 by Cicely Saunders a nurse, doctor and social worker, opened the Saint Christopher Hospice in London that brought the main characteristics of palliative care and pain control, the acceptance of death as a natural process of life, the care with the psychological, spiritual and members of the patient and the control of symptoms of organic disorder.⁵

The Palliative Care (PC) have as guiding principles the reaffirmation of the importance of life, come to regard death as a natural process establishing a care not accelerate his arrival nor extend with disproportionate measures, but would assist the relief of pain and other distressing symptoms and be able to integrate the psychological and spiritual aspects of care strategy with this offering family support system so that it can meet the patient’s illness and survive the mourning period.⁶

The contemporary nursing evolves in an open process of hybridization where the general patient care, purely procedural character, goes to a phase of intense search interdisciplinary involving several discrete structures, skills, professional knowledge and practices, as seen in professional training and in everyday practice which further supports for the involvement of cultural contexts, social and emotional person, so that when applying her scientific knowledge of care, professional adds affection, which undoubtedly is a factor that contributes to the improving the general conditions of the individual.⁷

Still timidly, there is a growing supply of palliative care in Brazil. However, universities, undergraduate and graduate should present in their curricula disciplines talking about this theme. But this does not happen, and most often experiences occur only in practice, making it difficult to work in general. Many health professionals still feel afraid to discuss the matter with a view that can be misunderstood or confused with euthanasia practitioners.⁶

In this context it becomes necessary to the need to form well-trained professionals and teams for situations where the therapeutic possibilities of cure become scarce, where it is appropriate to point out that there are an estimated 21,4 million new cancer cases and 13,2 million cancer deaths by 2030.⁸

This study presents the following guiding question: Which motivations justify the inclusion of the discipline of palliative care in the curriculum of undergraduate courses in nursing? To answer it, it was designed as objective:

- Promote reflection about the necessity to insert at the nursing under graduation courses the theme palliative care as a subject.

METHOD

A descriptive study, in the reflection analyzes kind, base on studies that came from the data basis Medical Literature Analysis and
Reflections about the palliative care...
in the face of uncertainty, diversity and unpredictability that demarcate the complex reality by the instability of the customer's clinical picture and the proximity of death.\textsuperscript{15}

Through SAE can provide organized assistance, based on scientific knowledge, increasing the chances of success of the nursing intervention with the view that their client / patient is a whole consisting of body, mind and spirit, and that is influenced by the environment, it is necessary that the assistance occurs in full requiring nurses a set of strategies that allow early range the proposed objectives. By using the classification of nursing diagnosis systems for the care, nurses can provide care that meets the real needs of the individual favoring holistic care.\textsuperscript{16}

It is the attention in its entirety and needs, the patient waiting for the nurse, not only a range of physical care, but he may be able to give sincere attention to a number of spiritual and social symptoms related to fear of dying and concern for loved ones, and for this to occur, only an affective relationship (less technical and imposing) could provide better rapport with patients and families, and thus improve the welfare of people living in the finitude process, which implies a simultaneous transformation of the care and caregivers.\textsuperscript{7}

Even if the purpose of the profession is to preserve life, it is not always possible to reach it and death is inevitable. Although we can’t change this fact, there is the possibility of interfere from the significant and lasting actions which are going to modify the way that the patient will die\textsuperscript{13}

\textbullet The need of the discipline’s insertion at the curriculum of the undergraduate nursing courses

The continuous assistance at the chronic health conditions involves the attention at the quiet moments of the disease, turning it to a challenge to the Health Unic System (HUS) which needs to organize again aiming to attend the actual necessities and the older population health demands and to chronic injuries. Historically, the system and health services are organized and focused on responding to acute conditions or episodes of acute exacerbation of chronic conditions.\textsuperscript{17}

Take care when the therapeutic possibilities of cure are unfavorable signals the need for a reorientation of professional practice going to be focused on not neglect the spiritual host and his family and the respect to the truth and the autonomy of the patient. But there is a difficulty in engaging with patients and their families, because in training often future professionals are advised not to show feelings and emotions, to live death superficially and to express false expectations death leading to interpretation that the recovery may still be possible, when none of this is real.\textsuperscript{18}

Another relevant aspect is that not always scientific knowledge is enough to grasp the meaning of finitude that religions, cultures of peoples, customs, beliefs and human consciousness itself seek to explain and understand. With this north spirituality becomes understood as a vital life force that integrates the biological, psychological and social components and that can include or exclude religious components according to individual beliefs.\textsuperscript{7,19}

The National Academy of Palliative Care (NAPC) prepared a document with warnings considered minimal and essential in order to ensure that a training program to meet the minimum requisites for classification as specific palliative care developed based, recommendations and national and international bibliography of credibility, and also reveals that there is a gap in the training of doctors and other health professionals, essential for proper care. The academic nursing with general education should receive information on palliative care in a timely manner during the course of undergraduate nursing so that it can be able to provide adequate care and from this knowledge has critical capacity to later decide specializes or not this playing field that currently is on the rise.\textsuperscript{20}

The nurse fits offer its foundations and practices essential to watch, whose priority is to avail professional skills to alleviate the patient’s suffering in all its forms, however, to obtain these purposes it is extremely important that this professional promote assistance guided by the triad respect, humanization and host.\textsuperscript{21}

In Brazil, in general, the undergraduate education in nursing lacks disciplines that address topics such as death, grief and the process of dying hindering the conduct of professional beyond the scientific expertise. Despite the scientific evidence of the need to prepare the graduate to face death the curriculum in higher education institutions in the health sector has not yet secured the context of a consistent and realistic way theme as shown in the literature.\textsuperscript{22}

The reality shows that the issue is discussed infrequently, or even absent, thus causing an unpreparedness to deal with the feelings that emerge when entering the
setting of palliative care. The absence of situations during the course that would enable the graduating reflect and mature ends up corroborate to lack of clarity regarding the chosen profession and that cannot be seen only as a means of subsistence, but a service contract with humanity and that it is not an easy task.

In nursing education, the Newtonian-Cartesian model is dominant. The conceptual basis is positivist and living beings are seen as composed entities for parts subject to separation and analysis. This model is known as biomedical, due to the focus on biological knowledge and the doctor, a paradigm that tends to play both in teaching and practice of patient care across the terminal illness, however for changes to occur in this reality it necessary an overhaul of curricula for professionals to enable up to meet the needs of patients.

The characteristics of modern life, the lack of training and interdisciplinary symptomatic management of patients with serious diseases in advanced stages are elements that explain the growing recognition of the need to incorporate the work in palliative care today.

It's in nursing which is the largest number of publications on palliative care, but the nurse report that the professional resume of the category lacks disciplines focused on the theme, and that they feel unprepared to deal with patients who experience death and to die.

The offering of the discipline on the nursing under graduation courses favors the population in the way to prepare qualified professionals to integral and humanized assistance during the health and disease process using methodologies which brings the combination between theory and practice, factor considered essential to the necessary competence developing to the nursing under graduation, and also contemplate subjects which corroborate all the components that involve the terminality process.

CONCLUSION

In the hospital institutions, is always noticed the team's big difficulty to attend properly the patient who needs palliative care. It should be noted that there is still much to do regarding the training of health staff, however the work palliation puts nursing professionals as an important and indispensable actor in this type of care.

The biggest challenge is to train and form teams increasingly aware and committed to the craft of caring for palliative, not limited only comfort measures, pain management and medication administration but permeating the chance to create opportunities finitude with dignity, care, respect, support and family involvement in both the care and receiving care team.

As the inevitable death, there can therefore be experienced by health professionals as a common process or be trivialized. The search for improvement to performance in this area raises the issue of discipline within the curricula of undergraduate courses, which would bring benefits to the care of sick and their families. In this way, it is necessary to spread the discussion universe aiming to review and reorganize the curriculum in a way that this can include this theme.

REFERENCES


Cruz RAO, Arruda AJCG de, Agra G et al.
