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BIOETHICS, PALLIATIVE CARE AND TERMINALITY: A INTEGRATIVE REVIEW OF THE LITERATURE

BIOÉTICA, CUIDADOS PALIATIVOS E TERMINALIDADE: REVISÃO INTEGRATIVA DA LITERATURA

BIOÉTICA, CUIDADOS PALIATIVOS Y TERMINALIDAD: REVISIÓN INTEGRADORA DE LA LITERATURA

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ABSTRACT

Objective: to characterize disseminated publications in journals online, in the period from 2007 to 2012, addressing the theme bioethics, palliative care and terminality. ***Method***: integrative literature review, which data collection was performed in the Virtual Library SciELO and LILACS Database, in September 2012. He was drafted the following question << What characterizing disseminated publications in journals online, in health, in the period from 2007 to 2012, about bioethics, palliative care and terminal illness? ***Results*** >>: regarding the selected journals, the Journal said Bioethics; the year 2010 corresponds to the period with the highest number of articles published. Thematic two categories emerged: bioethics in palliative care, and bioethical dilemmas about the end of life. ***Conclusion***: studies express concern facing ethical dilemmas, as well as recognize the value of Bioethics to guide the practice of professional and humane care for the terminally ill. ***Descriptors***: Bioethics; Palliative Care; Terminally Ill.

RESUMO

Objetivo: caracterizar publicações disseminadas em periódicos *on-line*, no período de 2007 a 2012, que abordam a temática Bioética, cuidados paliativos e terminalidade. ***Método***: revisão integrativa da literatura, cuja coleta de dados foi realizada na Biblioteca Virtual SciELO e na Base de Dados LILACS, em setembro de 2012. Foi elaborada a seguinte questão << Qual a caracterização de publicações disseminadas em periódicos on-line, no âmbito da saúde, no período de 2007 a 2012, acerca da Bioética, dos cuidados paliativos e da terminalidade? >> ***Resultados***: quanto aos periódicos selecionados, destacou-se a Revista Bioética; o ano de 2010 correspondeu ao período com o maior número de artigos publicados. Emergiram duas categorias tematicas: bioética em cuidados paliativos; e dilemas bioéticos acerca do fim da vida. ***Conclusão***: os estudos expressam a preocupação diante de dilemas éticos, bem como reconhecem o valor da Bioética para nortear a prática dos profissionais e humanizar o cuidado com o doente terminal. ***Descritores***: Bioética; Cuidado Paliativo; Doente Terminal.

RESUMEN

Objetivo: caracterizar publicaciones difundidas en revistas en línea, en el período comprendido entre 2007 y 2012, frente a lo temático bioética, los cuidados paliativos y terminalide. ***Método***: revisión integradora de la literatura, que se llevó a cabo la recopilación de datos en la Biblioteca Virtual SciELO y Base de Datos LILACS, en septiembre de 2012. Fue seleccionado las siguientes preguntas << ¿Qué caracteriza a publicaciones difundidas en revistas en línea, en salud, en el período comprendido entre 2007 y 2012, sobre la bioética, los cuidados paliativos y la enfermedad terminal? >> ***Resultados***: en cuanto a las revistas seleccionadas, dijo el Journal Bioética, el año 2010 corresponde al período con el mayor número de artículos publicados. Temáticas emergieron dos categorías: la bioética en los cuidados paliativos y los dilemas bioéticos sobre el fin de la vida. ***Conclusión***: Los estudios de expresar su preocupación frente a dilemas éticos, así como reconocer el valor de la Bioética para guiar la práctica de la atención profesional y humano para los enfermos terminales. ***Descriptores***: Bioética; Los Cuidados Paliativos; Terminal Illinois.

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INTRODUCTION

At no period in human history, science and technology presented many challenges to ethics as in the last decades, from the extraordinary advances within the medical and biological sciences, allowing, for example, from organ transplants to control genetic code. These advances bring themselves expressive power of intervention on life and nature.

In this context, ethics began to raise, especially since the seventies, a growing debate, resulting in the birth of bioethics, understood as life ethics, which has emerged as a new proposal to subsidize the analysis of ethical issues related to moral problems and normative in the biomedical sphere.

Bioethics is considered as a science of human survival and uses the philosophical and pragmatic advocate for the improvement of life.[1] In this sense, deals with the reflection that aims to act correctly indicate the man to ensure the welfare and survival of humankind, on the basis of its principles fundamentais[2], namely: autonomy, beneficence, non-malfeasance and justice.

In this light, Bioethics assumes that every advancement in the field of biomedical sciences should be at the service of humanity and presents itself as a new ethical awareness, seeking answers before the balanced current ethical conflicts. His topics of study have been expanding and ranging from genetic engineering to control the environment. Currently, its core is medical ethics, which involves issues related to the beginning and end of life. Regarding the end of life, the advancement of technology and biomedical sciences increased the survival of patients with incurable diseases, the creation of new drugs, vaccines, devices and techniques that enable early diagnosis and treatment.[2]

On the other hand, created situations involving ethical dilemmas, because transformed the final phase of life suffered in a dying process, for example, situations that can be called obstinacy and ferocity as a therapeutic futility. These expressions relate to an experience in which, although the possibility of cure is no longer possible, the patient is subjected to unnecessary procedures, unable to benefit you or your familiars.[3]

It is noteworthy that, faced with such ethical dilemmas that can be experienced by health professionals, Bioethics is fundamental in this growing quest for answers that will guarantee them understand the human dimension in care, to care for patients in phase terminal. [3] So not enough science and sophisticated technology, if not practiced by professionals who know them and integrate them know a humanized, which values and respects the human being in his totality.[2]

The terminal patient is a patient who has progressive and incurable disease, with evidence of clinical deterioration, including anorexia, weight loss, dry mouth, difficulty breathing, behavioral deterioration, impaired mobility, continence and hygiene, which cause emotional impact on the patient and his family. [4] Therefore, we need a humanized the binomial patient and family, based on the philosophy of palliative care, which arise as a philosophy that aims to improve the quality of life of patients and their families facing the problems associated disease beyond cure. This type of care aims to prevent and relieve suffering by controlling the sintomas5 and care involves a multidisciplinary, multidimensional and human.[6]

It is worth mentioning that the practice of palliative care values and respects the patient terminal as a citizen of law, as set out the following principles: maintaining control over what happens; able to have dignity and privacy, access information, be careful specialized; having control over who is present and who shares the end of life; decide policies to ensure that their rights are respected; take time to say goodbye; being able to leave when it's time, without causing practices suffering. [7] These principles reaffirm the autonomy, dignity, privacy and respect for human rights as central points that direct patient care in terminal illness and fall as major foundations in the field of bioethics.

In this context, considering the relevance as bioethics, palliative care for terminally and academia, as well as practical assistance and research in the health field, it is exceedingly important to develop studies that seek to socialize their scientific production, since they are incipient publications that address the above issue.

OBJECTIVE

- To characterize disseminated publications in journals online, in health, in the period from 2007 to 2012, addressing the theme bioethics, palliative care and terminal illness.

METHOD

The study consists of an integrative literature review. This is a method that must

follow, a rigorous way, the methodology employed, by which the reader can identify key features of publications. The revision takes current knowledge about a particular problem and determines whether this knowledge can be applied in practice.[8]

This type of research is guided by six distinct phases: preparation of the issue; establishment of the strategy literature search, selection of studies based on the inclusion criteria, critical reading, evaluation and categorization of content, analysis and interpretation of results.[9]

The guiding question proposed for the study was: What is the characterization of disseminated publications in journals online, in health, in the period from 2007 to 2012, about bioethics, palliative care and terminal illness?

To identify the publications that comprised the integrative review of this study, we carried out a search online, by lifting the Virtual Health Library (VHL), the Database of Latin American and Caribbean Health Sciences (LILACS), and Virtual Library Scientific Electronic Library Online (SciELO). The descriptors used were bioethics, palliative care and terminally ill. To restrict the sample was used the Boolean operator and, along with the selected terms such as: bioethics and palliative care, bioethics and palliative care and terminally ill and terminally ill.

The total study population consisted of 97 publications relevant to the topic investigated, available on the Virtual Library SciELO and LILACS database. Of these, 20 articles were included in the sample, considering the previously established criteria, described below.

Inclusion criteria defined to select the studies consisted of the following items: articles published in Portuguese, available in full in the period from 2007 to 2012, the modality scientific article (original or revised). Regarding the exclusion criteria were taken into consideration: Duplicate articles published in foreign languages or priored 2007, and those who, despite having selected descriptors, not directly addressed this topic.

Data collection was conducted in September 2012. To facilitate the understanding of the information and categorization of studies, we used an instrument containing the following items: journal title, year of publication, reference, study mode, article title and objectives. Data were grouped and presented in tabular form, so that would enable a better visualization of the studies included in the integrative review. Of this group, two themes emerged related to the approaches of publishings. Theme I: Bioethics and Palliative Care and Theme II: Bioethical Dilemmas about the end of life.

It is noteworthy that the proposed instrument was instrumental in the construction of the integrative review, since, based on the data collected; it was possible to characterize the publications included in the study as well as the interpretation and analysis of findings.

RESULTS

The study consisted of twenty publications on the subject dealt Palliative care, Bioethics and terminally according characterization explained in figure 1, below.

Authors	Title	Modality	Journal/ Year
Nunes L.	Ethics in palliative care: limits to investment.[10]	Review	Bioethics Magazine 2008
Santos OM.	Suffering and pain in palliative care: ethical reflections.[11]	Review	Bioethics Magazine 2011
Ferrai CMM, Silva L, Paganine MC, Padilha CG, Gandolpho MA.	A bioethical reading about palliative care: characterization of the scientific literature on the topic.[3]	Review	Bioethics Magazine 2008
Vieira RW, Goldim JR.	Bioethics and palliative care: decision making and quality of life.[12]	Original	Acta Paulista of Nursing 2012
Schramm FR.	Philosophical and bioethical aspects of non-Palliative Medicine and resuscitation.[13]	Review	Brazilian Magazine of Cancerology 2007
Benarroz MO, Faillace GBD, Barbosa LA.	Bioethics and nutrition in palliative care cancer in adults.[14]	Review	Public Health Notebook 2009
Sousa ATO, França JRFS, Santos MFO, Costa SFG, Souto CMRM.	Palliative care with terminal patients: a focus on bioethics.[15]	Original	Cuban Nursing Magazine 2010
Rabello CAFG, Rodrigues PHA.	Family health and children's palliative care: listening to the relatives of children dependent on technology.[16]	Original	Science and Collective Health 2010
Junges JR, Cremonese C, Oliveira EA, Souza LL,	Legal and ethical reflections on the end of life: a discussion orthothanasia.[17]	Review	Bioethics Magazine 2010

Backes V.			
Oliveira JR, Amaral CFS, Ferreira AC, Grossi YS, Rezende NA.	Bioethics perception about the dignity in the process of dying.[18]	Original	Bioethics Magazine 2009
Ribeiro KV, Soares MCS, Gonçalves CC, Medeiros IRN, Silva G.	Euthanasia in terminal patient: conceptions of intensive care team doctors and nurses.[19]	Original	Nursing in Focus 2011
Silva CHD, Schramm FR.	Bioethics of therapeutic obstinacy in hemodialysis job in patients with invasive cervical cancer, undergoing chronic renal sharp.[20]	Original	Brazilian Magazine of Cancerology 20007
Batista KT, Barreto FSC, Miranda A, Garrafa V.	Ethical reflections on the end of life's dilemmas.[21]	Review	BSBM Brasília Médica 2009
Reiriz AB, Motter C, Buffon VR, Scatola RP, Fay AS, Manzini M.	Palliative care - there are benefits in nutrition of patients in terminal stage?[5]	Review	Magazine of the Brazilian Society of Medical Clinics 2008
Piva JP, Celiny P, Garcia R, Lago PM.	Dilemmas and difficulties involving end-of-life decisions and provision of palliative care in Pediatrics.[22]	Review	Brazilian Magazine of Intensive Therapy 2011
Silva LC, Mendonça ARA.	Neonatology and completion of life: the bioethical implications of health team-patient-family.[23]	Review	Bioethics Magazine 2010
PessinI L.	Dealing with requests for euthanasia: palliative filter insert.24	Review	Bioethics Magazine 2010
Marta GN, Hanna SA, Silva JLF.	Palliative care and ortotanásia.[25]	Review	Diagnostic and Treatment 2010
Moritz RD, Lago PM, Souza RP, Silva NB, Meneses FA, Othero JCB et al.	Terminally ill and hospice care in the intensive care unit.26	Review	Brazilian Magazine of Intensive Therapy 2008
Girond JBR, Waterkemper R.	Sedation, euthanasia and the process of dying of the cancer patient in palliative care: understanding concepts and interrelationships.[27]	Review	Cogitare Nursing 2006

Figure 1. Distribution of the publication included in the study, according to the author, title, modality, journal and year.

The data expressed in Figure 1, which highlights the year 2010 corresponded to the period with the highest number of scientific papers published on the subject investigated, 6 (30%), followed by the years 2008, 4 (20%), 2009 and 2011, 3 (15%) each, and 2007, 2 (10%) studies. The years 2006 and 2012 were obtained, only 1 (5%) study, each.

Also according to Figure 1, the results show that 2010 was the period with the largest number of articles published on the subject investigated - six (30%); 2008, with four (20%); 2009 and 2011 with three (15%) each, and 2007, with both studies (10%). For the years 2006 and 2012, we found only one (5%) study.

As for journals, stood out major national magazines, among which, the evidence deserves journal Bioethics, which included six publications (30%), as justifying the higher number of publications, owing to such periodic be specific area investigated.

Regarding the method of the scientific article, it was found that most of them - 14 items (70%) - was a review article, while only six (30%) were original research. This result indicates, based on the analyzed articles, which you must perform a greater number of studies from original research involving topics such as bioethics, palliative care and terminal illness.

DISCUSSION

With regard to the focus of publications, emerged two themes: Theme I: Bioethics in palliative care (Figure 2); Theme II: Bioethical Dilemmas about the end of life (Figure 3), which present the synthesis of knowledge covered in literature.

Theme I: Ethics in palliative care.

Title	Objective
A bioethical reading about palliative care: characterization of the scientific literature on the topic.[3]	Characterize the scientific production in the last decade about bioethics and palliative care.
Ethics in palliative care: limits to investment dressing.[10]	Reflect, from bioethics, the nature of palliative care.
Suffering and pain in palliative care: ethical reflections.[11]	Think about palliative care from the discussion about the change of paradigms in the training of health professionals.
Bioethics and palliative care: decision making and quality of life.[12]	Evaluate the decision-making process and the quality of life of adult patients, cancer, admitted to palliative care unit.
Philosophical and bioethical aspects of non-resuscitation in palliative medicine.[13]	Show the implications of not-reanimation in medicine.
Palliative care with terminal patients: a focus on bioethics.[15]	Investigate how the principles of bioethics are included in scientific publications dealing with palliative care to terminal patients.
Family health and children's palliative care: listening to the relatives of children dependent on technology.[16]	Discuss children's palliative care model based on the health of the family when the home care.

Figure 2. Distribution of articles of Theme I, under the headings selected publications-objectives for the study.

As the studies included in Theme I, expressed in Figure 2, shows that palliative care are essential for the care provided to patients and their families in the final stages of life and are fully inserted in the field of bioethics reflection. This science is conceptualized as a set of theoretical tools and practices essential for understanding the conflict and convergences in existing ethos (phenomenon of morality) and resulting from the actions of moral agents essentially human, involving other humans or other living beings, known as moral patients, and who have, or may have significant effects on such irreversible pacientes.[13]

In relation to the principles of bioethics, a pesquisa[10] emphasizes that human dignity is the true pillar through which emanate from the principles that must be present and unequivocally, in all decisions and interventions, as well as the example shows how the principles of Bioethics applied to health: the principle of beneficence, non-maleficence, respect for autonomy and justice.

Authors corroborate the above statement mentioning that in the process of experiencing life terminality, being patient is vulnerable, however, often conscious and oriented, which gives you the right to make decisions regarding your treatment and make sure his respect for autonomy. Therefore, health professionals should evaluate with him, the benefits and risks of treatment, which are formed on the principle of beneficence. Moreover, it is necessary to assess the risks of each clinical decision making in a team with the patient and their families, and provide them with the principle of nonmaleficence, to assure the resources available and ensure dignified care - principle of justice.[15]

Studies show that technological advances associated with medicine, with new devices and techniques have enabled early diagnosis and treatment of numerous diseases and increased the survival of patients with incurable diseases. If, on the one hand, these advances have provided a better quality of life, on the other, this stems from the increased survival prolongation unnecessary and unjustifiable treatment with therapeutic obstinacy any cost.[11,16] This exaggerated prolongation in time life led to ethical discussions and the need for a new modality of care, why palliative care emerged.

Currently comprise up palliative care as an approach designed to promote the best possible quality of life for those patients with advanced disease and with no possibility of curing his health condition and his family, through techniques that promote comfort, but without intervening in their survival. In this context, the goal of care is not to protect bodily integrity or health, but human dignity, which is the possibility for every human being, through the intercession of consciousness, and act freely self-determine.[3,10,12,16]

From this perspective, pesquisa3 emphasizes that palliative care support through a multidisciplinary team whose professional, ethical point of view, the opportunity to reflect and understand the decisions that must be restricted and related to the needs of each patient and family, to ensure their dignity. Study[11] notes that the team has the challenge of reconciling the technological advances in modern medicine, with its application in everyday work, consistent with respect for the individuality of each.

In this sense, palliative care is fully deployed within the bioethical reflection, especially in regards to its principles, which should be considered in patients in the finitude of life.

The studies discussed in this category show that technology has promoted an increase in life expectancy of terminally ill patients, and

this entails bioethical dilemmas related to the terminal illness of life. Given the context, it is important to highlight the need for professionals who are well prepared, lined on bioethical principles, in order to watch this new demand respecting the integrity, dignity and individuality of every human being, from the perspective of humanization and completeness care.

Theme II: Bioethical dilemmas about the end of life.

Title	Objective
Palliative care-there are benefits in nutrition of patients in terminal stage?5	Carry out a review on nutritional support, enteral nutrition and parenteral nutrition of the cancer patient.
Bioethics and nutrition in palliative care cancer in adults.[14]	Perform a review about cancer, palliative care and nutrition.
Legal and ethical reflections on the end of life: a discussion on the ortotanásia.[17]	Present ethical, scientific and legal bases facing the orthothanasia and the dilemmas of end of life, particularly ethics vision of dignity and human rights.
Bioethics perception about the dignity in the process of dying.[18]	The article reflects the completion of human life; Relating to bioethics and to the attention to the patient without conventional therapy perspective; as well as presents a reflection about dying with dignity.
Euthanasia in terminal patient: conceptions of intensive care team doctors and nurses.19	Investigate perceptions of nurses and doctors regarding the practice of euthanasia in terminal patients.
Bioethics of therapeutic obstinacy in hemodialysis job in patients with invasive cervical cancer, undergoing chronic renal sharp.[20]	Discuss, from the point of view of the tools of bioethics, the indication of hemodialysis for women with advanced cervical cancer with obstructive renal failure, already treated by radiotherapy alone, or without further indication of advanced state of cancer treatment.
Ethical reflections on the end of life's dilemmas.[21]	The authors brought to bioethical reflection on Latin American perspective the dilemmas related to the terminally ill.
Dilemmas and difficulties involving end-of-life decisions and provision of palliative care in Pediatrics.[22]	Discuss the main dilemmas and difficulties in end-of-life decisions for children with irreversible disease in terminal phase, as well as propose a rational sequence for the establishment of palliative care in the Pediatric Group.
Neonatology and completion of life: the bioethical implications of health team-patient-family.[23]	The aim to know what represents the terminal for neonate patient health team as well as the relationship of this with the patient neonate terminal and his family.
Dealing with requests for euthanasia: palliative filter insert.[24]	Discuss ethical issues related to the end of human life, presenting data from the Netherlands and Belgium, countries with specific legislation and public policies in relation to the practice of euthanasia.
Palliative care and orthothanasia.[25]	Reflects on the palliative care and proposes five ethical principles of palliative medicine relevant to the attention of terminal patients: accuracy, proportionality therapy, double effect, prevention, not abandonment and pain management.
Terminality and palliative care in the Intensive Therapy Unit.[26]	Assess the current state of knowledge about terminal illness and palliative care in the intensive care unit.
Sedation, euthanasia and the process of dying of the cancer patient in palliative care: understanding concepts and interrelationships.[27]	Discuss the practice of sedation in patients with cancer who are under palliative care.

Figure 3. Distribution of the articles of Theme II, according to the title and the objectives of the publications selected for the study.

Regarding the publications included in theme II, evidenced in Figure 3, we discuss about the bioethical dilemmas of the end of life, which highlighted the limits of autonomy, dialogue, communication, euthanasia, orthothanasia, the need to ensure palliative care, respect the values of people and their families and the limits of nutrition in terminally ill patients.

Prolonging the life of the patient establishes very complex situations, but the limit for investment must be determined by the design of dignified death, incorporated in full awareness of the limitation of interventions. The most suitable solution for each situation is directly linked to the dignity of the person suffering the inevitable process of death, respecting their decisions. [17] this context, we emphasize the importance of bioethics as a field of reflection in the final stages of life.

It should be noted that the care of patients without therapeutic possibilities of healing and their families, should involve principles and goals that aim to respect individual needs and desires. Authors mention that the principle of autonomy is self-government, with regard to the freedom to make decisions about their own body.[18,21] Therefore, this is the beginning of the patient's right to question their treatment and ensure that the care plan is in line with its desejo.14 Moreover, it is important to remember that there are factors that limit the autonomy temporarily or permanently, such as mental illness, emotional disorders, physical changes and vulnerable groups, and the decision almost always gets to the family or others.[21]

In a study that aimed to understand what the patient is terminal for newborn health team and his relationship with his family and newborn terminal, it was found that

autonomy is amalgamated, so inextricable, the dilemmas experienced in everyday practice of neonatal ICU, which is typically seen and practiced by the team just as the right of families to know the truth about patient.[23] The study[23] also notes that, in the context of terminally neonatal application of the principle of autonomy neonatal manifests itself mostly when the healthcare team can determine the best therapy to be applied in conjunction with the family. The dialogue between the team and family not only promotes respect for autonomy, but also includes the principle of beneficence (doing well).

In view of this, it is emphasized that it is necessary to establish effective communication between healthcare professional and patient terminal Health / family/caregivers, so that, through a link, there is effective participation in care. In this sense, proper communication is considered crucial for the conduct of treating a patient in terminalidade.[14]

It is noted, as well, who are privileged to hear the familiar, the acquisition and sharing of much of the information available, the maintenance on the part of the speaker, a compassionate attitude with information in accessible language. It is essential to respect the time and understanding family decision because the process of dying involves many feelings and cannot be considered only from the rational point of view.[26]

Regarding the practice of euthanasia on terminally ill patient, was referenced in some studies[19,21,27], which define it as the act of giving death, compassion, someone who suffers intensely in the final stages of terminal illness, or living permanente[21] in a vegetative state, in which one should not employ means which cause additional suffering, but they are adequate to treat a dying person, therefore, cannot be mistaken for sedation in patients terminals.[27]

In a survey of critical care nurses and physicians, it was observed that they are unanimous in disagreeing with the practice of euthanasia, since it is considered a crime under Brazilian law, and pointed out as the main reasons for this discrepancy legal aspects, religious and ethical they are imposts. [19] this sense, euthanasia is considered as an important bioethical dilemma in health that deserves more discussion. It is noteworthy that the Brazilian Medical Ethics Code of 1988 has all the articles depicting the theme opposed to participation in euthanasia and physician suicide.[21]

In relation to palliative care and euthanasia, studies[17,27] point out that this philosophy of care is concerned with the individual and with dignity, respecting her as a human being, valuing their pain and suffering. These researchers mention that with the proper management of signs and symptoms, you can avoid the request for euthanasia by patients and/or family. Pesquisa[24] corroborates the statement above, to conclude that the proposed palliative care becomes irrelevant and unnecessary many requests for euthanasia.

It is notorious that emphasize engagement and obligation to promote quality of life in terminally ill patients through palliative care, consented development of a new concept that decries all forms of misthanasias (death painful and miserable outside and ahead of their time) without, however, exercising euthanasia and/or dysthanasia (maintaining life through procedures disproportionate - obstination therapy - leading to a prolonged dying full of suffering). It is the orthothanasia, which means no artificial prolongation the process of death, beyond what would be the natural process, a manifestation of death good or desirable, in which life is not prolonged by means which imply increased suffering.[17,25]

A study that was to discuss the scope of hemodialysis indication for women with cervical cancer advanced, obstructive renal failure, already treated by radiotherapy alone or with no more indication of the treatment of advanced stage cancer, which examined the use of hemodialysis is a form of therapeutic obstinacy against the context of the patient, as ineffective as antitumor and unable to promote her quality of life, which is a measure of futile treatment, which goes against the philosophy of care palliatives.[20]

The current Brazilian Code of Medical Ethics (Resolution 1931/2009) points out that, while attending to patients in the final stages of illness and irreversible, is a physician's duty to avoid therapeutic aggression and provide a range of palliative care. Moreover, noncompliance with these guidelines in this situation is that it represents a lack of Ethics.[22]

Another factor considered in the philosophy of palliative care, which culminates in an ethical discussion, is the nutrition of terminally ill patient who, for part of the scientific community, encourages the patient, considering that decreases the catabolic response, enhances the immune system and contributes to better functional performance of the digestive system. However, there is a

part of the scientific, expressed especially by palliative care, questioning the real benefits of nutritional support in these patients. These health professionals advocate that the discomfort and complications arising from nutritional therapy outweigh its benefits, that are controversial, since there are no studies demonstrating increased survival and, above all, to improve the quality of life of terminally ill patients.[5]

It was then that the decision to provide or not nutritional support for patients in palliative care requires knowledge of the patient's wishes, appreciation expectations of him and his family and an open conversation and effective, since this decision has a strong moral component involved as nutrition and hydration have a significant symbolic value in our society.[5]

Before the considerations presented for the category II, which includes studies involving ethical dilemmas at the end of life, became notorious concern of researchers to discuss issues generating ethical conflicts within healthcare, directed to human being terminally ill, particularly, euthanasia. Moreover, the studies analyzed showed recognition of the value of bioethical reflection to support the practice of health professionals in caring for the terminally ill patient.

CONCLUSION

The articles examined in this study reflected on the Bioethics and Palliative Care Terminality. Many arguments are involved, since the process involves taking care situations between life and death, comfort and pain, among others. In this perspective, bioethics as a field of reflection, promotes a better direction for situations that generate these dilemmas.

It was observed also that the authors recognize the value of bioethical reflection based on the principles of beneficence, non-maleficence, autonomy and justice, to resolve ethical dilemmas involving human finitude, mainly related to the practice of euthanasia, dysthanasia and orthothanasia as well as to guide the decision making of health professionals in the practice of palliative care.

This practice was mentioned as a mode of taking care of fundamental importance to assist the patient out of the possibilities of healing and your family. However, for this to occur, professionals must be able to provide assistance based in the philosophy of this type of care and the principles of bioethics.

Based on the foregoing, it is expected that this study will contribute to strengthen the critical reading of the theme. However, it is necessary to develop new studies, from empirical data that may provide grants to support the practice of health professionals in caring for the terminally ill patient and his family.

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