CARE IN THE ADMINISTRATION OF MEDICINES: THE RESPONSIBILITIES OF NURSING PROFESSIONALS

ABSTRACT

Objective: to evaluate the knowledge of nursing professionals working in a public hospital regarding the legal and ethical responsibilities involved in drug administration. Method: this is an evaluative, exploratory study with a quantitative and qualitative approach. There were 162 questionnaires applied to 162 nursing professionals. The quantitative data formed a database, typed in the Statistical Package for the Social Sciences - SPSS. Qualitative information was submitted to content analysis. Results: it was found that nursing professionals need more scientific knowledge about the Code of Ethics of the profession and the knowledge of nurses about the responsibilities regarding medication errors was superior in nursing technicians and assistants. The verbal warning was the main behavior adopted to make the professionals involved responsible after the occurrence of the errors. Conclusion: it is verified that the knowledge about the right and the deontology propitiate a doing with effective results. Descriptors: Drugs; Nursing; Responsibilities.

RESUMO

Objetivo: avaliar o conhecimento de profissionais de enfermagem atuantes em uma instituição hospitalar pública quanto às responsabilidades jurídicas e éticas envolvidas na administração de medicamentos. Método: estudo avaliativo, exploratório, com abordagem quantitativa e qualitativa. Foram aplicados questionários a 162 profissionais de enfermagem. Os dados quantitativos formaram um banco de dados, digitados no software Statistical Package para as ciências sociais - SPSS. As informações qualitativas foram submetidas à análise de conteúdo. Resultados: constatou-se que os profissionais de enfermagem necessitam de maior aprofundamento científico acerca do Código de Ética da Profissão e que o conhecimento dos enfermeiros acerca das responsabilidades perante os erros de medicação foi superior aos técnicos e auxiliares de enfermagem. A advertência verbal foi a principal conduta adotada para responsabilizar os profissionais envolvidos após a ocorrência dos erros. Conclusão: constatou-se que o conhecimento acerca do direito e da deontologia propician um fazer com resultados efetivos. Descriptors: Medicamentos; Enfermagem; Responsabilidades.

Refereências

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INTRODUCTION

The care of health professionals, especially those of Nursing, are aimed at the person, with respect for their singularity and dignity, materialized through a relationship in which caregiver and care individual share responsibilities, gains and frustrations about the results. In the meantime, the heart of the issue involved in caring is because of patients, as well as professionals, are human, who can generate great conflicts since the object of the profession is caring for a similar one. In this sense, the protection of human life requires nurses to act promoting, defending and helping to solve problems that endanger or affect the health of the patient.

In hospital institutions, the responsibility of nursing professionals is based on assuring patients a care free of recklessness, malpractice or negligence. Thus, among the most obvious attributions of these professionals, the administration of drugs, when performed without due care, can cause errors, often very serious, with serious consequences for patients, professionals and health institutions.

The imprudence is characterized by omission, precipitation, untimely act, unreflected, devoid of the necessary care for that professional situation. The negligence manifests by omission or abstention from the duties that a situation requires or, inaction, inertia, indolence and laziness. The malpractice refers to an action without adequate technical-scientific knowledge or with misuse of its technical knowledge, lack of skill or professional incompetence.

Regarding this, the current Brazilian Civil Code has articles that have an impact on the actions of nursing and its executors in what concerns the civil responsibility, where the art. 944, dealing with compensation and states that it is measured by the extent of the damage, that is, the greater the damage, the greater the restitution. Thus, if there is physical injury or other damage to health resulting, for example, from mistakes in the administration of medication, the professional should reimburse the patient for treatment expenses and lost profits until the end of convalescence, as well as some other loss which he proves to have suffered.

As for the delegation of duties, which is very common among members of the nursing team, besides the civil aspect, there are penal and ethical professional. Regarding the criminal aspect, it is evident that the one who delegates a role assumes responsibility for what he has done and whoever receives the delegation must be accountable for what he did, that is, he also responds to the acts and assumes the corresponding share of responsibility.

Therefore, before assigning a position to another professional, the nurse must analyze the technical competence and legal capacity of the person to whom the assignment is delegated. In turn, those who receive a delegation of function or attribution may also refuse to execute it because the activity extrapolates their degree of legal competence, as it is granted as one of its rights art. 7 of the Code of Ethics of Nursing Professionals.

Another relevant dimension in responsibility is the ethical and professional issue. The ethical responsibility arises from non-compliance with the rules, values or ethical principles contained in the Code of Ethics of Nursing Professionals (CEPE). The professional liability refers to non-compliance with legal regulations, in this case, Law N° 7.498/86 which provides for the regulation of the exercise of Nursing or Decree N° 94.406/87 that deals with the exercise of Nursing.

It should be emphasized that in case of injury to the patient, both the Health Institution maintained by the State, as well as the professional, will indemnify him for the damages caused, since according to article 932, item III of the Civil Code, the nursing professional who directly caused the damage, may be subjectively liable, but in this case, the patient must prove the professional’s guilt to be entitled to the indemnity, in accordance with article 186 of the same legal provision.

The knowledge of nurses and other nursing professionals about the ethical and legal aspects of the profession become essential to ensure greater safety in the quality of care provided, ensuring the rights of the patient. Thus, the purpose of this study is to evaluate the knowledge of nursing professionals working in a public hospital regarding the legal and ethical responsibilities involved in drug administration.

METHOD

This study was extracted from the Final Report of the Scientific Initiation Research Project/PIBIC/FACEMA, entitled Medication Administration: knowledge, practice, and responsibilities of the nursing team in force from November 2014 to August 2015. It is an evaluative, exploratory study with a mixed qualitative and quantitative approach. The
Silva MVRS da, Filha FSSC, Lando GA et al.

The research scenario was the General Hospital (GH) of a municipality of Maranhão (MA), Brazil.

The participants of the research were 162 nursing professionals working in the institution, being 22 nurses, 102 technicians, and 38 nursing assistants. The criteria for inclusion of the interlocutors were: to work professionally at the GH for at least one year, to be 18 years old or older and to freely agree to participate in the research. Professionals who were not in agreement with at least one of the above items were excluded from the investigation.

It is emphasized that the use of capital letters, followed by a cardinal numbering, was assigned in the order of application of the research instrument to ensure the privacy of the subjects: E1, E2 ... E22; T1, T2... T102 and A1, A2... A38, to represent, respectively, nurses, technicians, and nursing assistants.

Data collection was performed through the application of a questionnaire, containing open and closed questions, which dealt with the legal and ethical responsibilities involved in drug administration. Data collection took place from March to May 2015, and the researchers remained at a distance during the data collection procedure, not to interfere with the process, nor to intimidate the participants.

After the application of the questionnaire, the quantitative data from the closed questions were organized into a database, typed in the Statistical Package for Social Sciences (SPSS) (version 20.0 for Windows). Later, they were consolidated using descriptive statistical techniques, in addition to the Pearson's Chi-square test ($\chi^2$), with statistical significance when $p < 0.05$. Then, the findings based on the literature produced on the topic were analyzed and discussed and presented in tables.

Regarding the qualitative data, the answers to the open questions were submitted to the Content Analysis whose purpose is to understand the meaning of the subjects' speeches beyond the limits of what is described. Among the techniques of Content Analysis, the Thematic Analysis was opted, which searches for the sense nuclei, constituting communication and whose expression reveals something important for the object studied.6

The research project was submitted to the Brazil Platform, and then directed and approved by the Research Ethics Committee (CEP) with the Certificate of Presentation for Ethical Assessment (CAAE) of n° 39778114.9.0000.5554. The researchers committed to the norms advocated by Resolution of the National Council of Health 466/12 and its complementary ones.

**RESULTS**

Regarding the quantitative data, Tables 1 and 2 present information regarding the knowledge of the nursing professionals working in the GH about the responsibilities regarding errors in medication administration.
Silva MVRS da, Filha FSSC, Lando GA et al. Care in the administration of medicines...

Table 1. Data on the knowledge of the nursing professionals working in the GH about the responsibilities regarding errors in medication administration. Caxias (MA), Brazil, 2015.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Nurse n</th>
<th>Nurse %</th>
<th>Technician/Assistant n</th>
<th>Technician/Assistant %</th>
<th>Total N</th>
<th>Total %</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to CEPE, if the infractor avoided or mitigated the consequences of his acts, immediately after the infringement, as in the case of errors in the medication, spontaneously and efficiently, his attitude</td>
<td>04</td>
<td>18.2</td>
<td>32</td>
<td>22.9</td>
<td>36</td>
<td>22.2</td>
<td>0.115</td>
</tr>
<tr>
<td>It will have no value since he has already practiced the infringement</td>
<td>14</td>
<td>63.6</td>
<td>52</td>
<td>37.1</td>
<td>66</td>
<td>40.7</td>
<td></td>
</tr>
<tr>
<td>It shall be considered as an attenuating circumstance for the punishment</td>
<td>04</td>
<td>18.2</td>
<td>32</td>
<td>22.9</td>
<td>36</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>Does not aggravate or lessen the punishment</td>
<td>0</td>
<td>0.0</td>
<td>07</td>
<td>5.0</td>
<td>07</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>You will be totally exempt from the penalty, for being regretted</td>
<td>0</td>
<td>0.0</td>
<td>07</td>
<td>5.0</td>
<td>07</td>
<td>4.3</td>
<td></td>
</tr>
</tbody>
</table>

Regarding the questioning about the offender to reduce the consequences of their acts after the occurrence of errors in the medication, it was noticed that 66 (40.7%) professionals were correct in replying that this could reduce the penalty.

Regarding the graduation of the infringement penalty, 19 (86.4%) nurses correctly answered that the infractor’s background represents a factor of graduation of the penalty in case of medication failures, while 46 technicians/assistants (32.9%) answered the same. For this reason, nurses’ knowledge about this topic was higher, confirmed by statistical significance, being p < 0.01.

Concerning the third variable, it was observed that 19 (86.4%) nurses were right to indicate that the act of not administering a medication at the scheduled time characterizes negligence, while a lower percentage (53.6%) of technicians and assistants indicated the same. For this reason, the nurses’ knowledge about this statement was higher, corroborated by the statistical significance, being p = 0.003.

About the fourth variable, 13 nurses (59.1%) were precise when highlighting the act of administering a medication without adequate technical and scientific knowledge, while 16.4% of nursing technicians and assistants reported the same. Thus, it is possible to reaffirm that the knowledge of the assistants and technicians was smaller than the nurses, this finding finds support in the statistical significance, being p < 0.001.
Care in the administration of medicines…

Table 2. Data on the knowledge of the nursing professionals working in GH about the responsibilities regarding errors in medication administration. Caxias (MA), Brazil, 2015.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Nurse</th>
<th>Technicians/ Assistants</th>
<th>Total</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Chapter V of the CEPE deals with infractions and penalties. In this respect, all of the following information is true, EXCEPT 1. Minor infractions are those that offend the physical, mental or moral integrity of any person, without causing weakness</td>
<td>0</td>
<td>0.0</td>
<td>27</td>
<td>19.3</td>
</tr>
<tr>
<td>2. Serious infractions cause danger to life, temporary limb weakness, sense or function in any person</td>
<td>02</td>
<td>9.1</td>
<td>32</td>
<td>22.9</td>
</tr>
<tr>
<td>3. Serious infractions cause death, permanent deformity, loss or misuse of limb, sense or function, or irretrievable moral damage to anyone</td>
<td>01</td>
<td>4.5</td>
<td>16</td>
<td>11.4</td>
</tr>
<tr>
<td>4. Only the information contained in alternatives 1 and 3 are correct</td>
<td>03</td>
<td>13.6</td>
<td>23</td>
<td>16.4</td>
</tr>
<tr>
<td>5. The information in alternatives 1, 2 and 3 is correct</td>
<td>16</td>
<td>72.7</td>
<td>42</td>
<td>30.0</td>
</tr>
<tr>
<td>According to Article 123 of the ECE, it is considered an aggravating circumstance in case of errors in medication administration considering the act of administering drugs without knowing the action of the drug and without making sure the possibility of irreparable damages as an aggravating circumstance in case of errors in medication administration.</td>
<td>22</td>
<td>100.0</td>
<td>128</td>
<td>91.4</td>
</tr>
<tr>
<td>Causing irreparable damage</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Having a good professional background</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Having spontaneously confessed to having committed the infringement</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>3.6</td>
</tr>
<tr>
<td>Carrying out acts under duress and/or intimidation</td>
<td>0</td>
<td>0.0</td>
<td>04</td>
<td>2.9</td>
</tr>
<tr>
<td>Performing under actual physical force</td>
<td>0</td>
<td>0.0</td>
<td>03</td>
<td>2.1</td>
</tr>
<tr>
<td>Article 30 of the Code of Ethics of Nursing Professionals considers the act of administering drugs without knowing the action of the drug and without making sure the possibility of risks as a prohibition</td>
<td>07</td>
<td>31.8</td>
<td>20</td>
<td>14.3</td>
</tr>
<tr>
<td>Prohibition</td>
<td>14</td>
<td>63.6</td>
<td>99</td>
<td>70.7</td>
</tr>
<tr>
<td>Responsibility</td>
<td>01</td>
<td>4.5</td>
<td>21</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td>140</td>
<td>100.0</td>
</tr>
</tbody>
</table>

P: Probability of significance

Regarding the questioning of infractions and penalties described in Chapter V of CEPE, it was identified that only 13.6% of nurses and 16.4% of technicians and nursing assistants were correct when they pointed out as an incorrect response alternative 4, with p-value = 0.002.

Concerning the second variable, it was noted that 150 (92.6%) professionals were correct in indicating that the act of causing irreparable damages as an aggravating circumstance. Concerning the third variable, it was detected that only 27 (16.7%) professionals agreed that the act of administering drugs without knowing the action of the drug and without certifying the possibility of risks is prohibited according to Article 30 of the Code of Ethics of Nursing Professionals.

Regarding the qualitative data that deal with the behaviors adopted to hold the professionals involved after the occurrence of medication errors, it was noted that 66 (41%) workers indicated the verbal warning as the main conduct performed, 59 (36%) stated that none behavior was taken, 28 (17%) referred the guidance and 9 (6%) reported that there was suspension for the professional who committed the infraction. These findings are reiterated by the following reports:

She was guided to get more attention. (E13)
Conversations and guidance to the professional. (E4)
The professional was warned. (E6)
There was a meeting with those involved and more warning. (T16)
She was directed to pay more attention. (T30)
She was suspended for 3 days. (T32)
Dialogue, so that the professional involved has more attention. (T67)
She was away from the hospital for a few days. (T0 1)
She received a verbal warning. (A19)
She was not blamed because the medical prescription was wrong. (A21)

DISCUSSION

According to the Code of Ethics of Nursing Professionals (CEPE), if the infractor avoided or mitigated the consequences of his or her acts, immediately after the infraction, as in the case of errors in the administration of medication, spontaneously and efficiently, their attitude is considered as an attenuating circumstance. About infractions and penalties, attenuating situations are also considered: having a good professional record, performing acts of duress and/or intimidation or under actual use of physical force, and having spontaneously confessed to having committed the infraction.5
Accordingly, for the penalty to be considered, they have to observe: the greater or lesser seriousness of the infraction; The aggravating and attenuating circumstances of the infraction; The damage caused and its consequences and the infractor’s record.5

It is relevant to realize that nurses must have a clear understanding of the legal and professional aspects that involve drug therapy, directing their action to the legal exercise of the profession. This means that the better the qualification process of this worker, as well as knowing the laws in force in the professional practice, the fewer errors will occur to the patients assisted.7

When errors injure professional ethics, they appear in the form of malpractice, recklessness, and neglect. In this way, for example, the wrong dilution of a drug constitutes malpractice, the second occurs when a drug is anticipated and the last one when a medication is not checked. Therefore, the nurse has the ethical and professional duty to protect the patient against damages resulting from this misconduct.2

It should be noted that professionals may be prosecuted for negligence, recklessness, bad practice and under civil law judgment. This is a reality that must be transformed, and it is realized that many hospitals have worked for the change of this culture. Guidelines, training, and a robust system of standards and procedures are very effective in this process.8

Also, according to ECE, Article 121, the infractions will be considered minor, serious or very serious, according to the nature of the act and the circumstance of each case. Mild infractions offend physical, mental or moral integrity without causing weakness; the serious ones cause danger of life, temporary limb weakness, sense or function or those that cause property or financial damages; and the very serious ones cause permanent deformity, loss or misuse of limb, sense, function or even, irremediable moral damage to the person, or even death.5

From this perspective, it is verified that it is the responsibility of the nursing professional to ensure the safety of the medication process through preventive measures, such as knowing the mode of action of the medication, its routes of administration, contraindications and adverse reactions.9

Thus, the nurse is prohibited from administering drugs without certifying the drug and what the risks exist for the client. Otherwise he or she will initially incur in the administrative penalty of verbal warning - admonition reserved for the offending professional, duly registered in the presence of two witnesses.5

The presence of the nurse during the administration of drugs, as well as the delegation of responsibility to a professional of his/her team are indispensable, since the administration of medicines refers to a therapeutic method that has its expected and collateral effects (serious and even fatal) if it is prepared or carried out improperly.10

In this regard, it is emphasized the responsibility of nursing professionals to communicate and record in writing all their actions in a complete and reliable way. Also, the ethical principles to be followed by all professionals, such as beneficence, truthfulness, justice, competence and fidelity, strengthening the efforts for a safe practice and respect for the rights of patients should be observed.11

The nursing teams have been positioned to notify the events regarding medication errors and the adoption of measures of minimization of damages. However, the notification of these events is still socially neglected given the existing punitive culture, since it is difficult to accept the error, fearing punishment and social incomprehension.12

Therefore, the better academic qualification of the professionals, as well as the frequent observance of the laws that regulate the professional practice of nursing, have the capacity to consolidate ethical and more improved conduct, avoiding the occurrence of possible failures in the preparation and administration of medications.13

It is pertinent to emphasize that professional ethics must be impregnated in the nursing activity, in such a way that the nurse provides the patient with assistance free of damages resulting from malpractice, negligence or recklessness, otherwise responsible by the respective COREN’s (Regional Nursing Councils), and even by COFEN (Federal Nursing Council), regardless of whether the non-compliance with the duty of care has occurred individually or as a team.

In this context, the application of penalties by the competent authorities - COREN’s and COFENS - will be materialized through disciplinary administrative processes, which will have as its basis both the principles of ample defense and contradictory, provided for in article 5, item LV, of Constitution of the Federative Republic of Brazil of 1988, as provided for in CEPE.5,14

It was also verified that the verbal warning was the most used conduct to hold the
professional involved in the occurrence of medication errors. Thus, it is worth mentioning the results of a survey carried out in São José dos Campos (SP). The authors of the mentioned study verified that the main procedures adopted against the error include orientations, training, no conduct or other measures.15

In this way, it is fundamental to carry out training and capacitation, as well as the orientation of the nursing team periodically, through permanent education and professional instrumentation programs instituted in health organizations to improving the qualification of the workers.16

It is emphasized that fears of punishment, dismissal, guilt and concerns about the seriousness of the mistake may lead the individuals involved to underreport the error. Therefore, for this reality to be modified, the education of professionals is essential, using courses, retraining and periodic training in medication administration.17–8

Also, the erroneous performance by the nursing in the administration of medications, whether by action or omission, that leads to moral or physical harm to the patient, is civil liability. Moreover, the notification of the error is fundamental for the investigation and the decision-making regarding the consequences for the professional involved.4

Regarding the responsibility of nursing professionals, this is due to the fulfillment of their duties deriving from the Professional Exercise Law and the Nursing Code of Ethics, and that must be very well known and observed by all workers in the daily exercise of the actions.19

After verifying the error, depending on the severity, the professional can be dismissed for just cause, without in most cases having consequences in the civil scope. It is worth mentioning that the damage that the nurse causes in the patient may bring direct responsibility to his employer, since this professional is normally subordinate to a health institution and the latter is given the objective responsibility and must respond for any damage that its employee is entitled to, and then exercises the right of return.3

Regarding this, it is emphasized that, as a rule, what is observed are ethical processes applied by the Regional Nursing Councils, causing severe consequences for the professional, which as a greater sanction arising from these processes, may lose the right to practice the profession.

CONCLUSION

It is possible to affirm that the administration of drugs requires nursing professionals, and to prior scientific knowledge, skills, ethical, legal and planning of actions. Thus, this research enables to verify that knowledge about the law and deontology are essential for the nursing profession since they subsidize the theoretical basis and allow for effective results to protect the human being integrally.20

In the analysis of the section on responsibilities regarding errors in medication administration, it was noticed that nurses' knowledge about responsibilities was superior to that of nursing technicians and assistants. As to the behavior adopted to make the professionals involved responsible for the occurrence of medication errors, most professionals indicated the verbal warning as the main measure.

In this sense, it is worth mentioning that the knowledge of nurses and other nursing professionals about ethical and legal aspects that involve the deviation of quality in the delivery of care, particularly in the medication process and its implications, is of paramount importance as well as educate and raise awareness, as well as ensure greater security in care, guaranteeing the defense of patients' rights.

The research also enables to ascertain that nurses' responsibility stems from the fulfillment of their duties deriving from the Professional Exercise Law and the Nursing Code of Ethics. However, there are also important provisions that guide the actions of professionals, both in the Federal Constitution, as well as in the Civil, Criminal, and Consumer Protection Code.

Also, regarding the problem of medication administration errors, the professional should be informed about legal implications for acts that result in injury to the patient, awakening to the legal issues involved. Therefore, the rights and duties must be observed in this process, so that the professional and the patient are protected from any problems that may arise, besides ensuring suitability to the institutions providing health services.

It is suggested the adoption of professional practices based on protocols and clinical evidence, the incentive to notify eventual errors in administration and medication, not only to punish or blame professionals, but to instigate openness by learning from failures, in addition to encourage discussion of cases, making hospital care more coherent for the
patient and for the workers. It is also recommended the state intervention and of the class organs of the Nursing profession, to implement a more effective and safe praxis on the care.

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