PROFILE OF HOSPITALIZATIONS IN PALLIATIVE CARE: A TOOL FOR MANAGEMENT

PERFIL DAS INTERNAÇÕES EM CUIDADOS PALIATIVOS: UMA FERRAMENTA À GESTÃO

PERFIL DE LAS INTERNACIONES EN CUIDADOS PALIATIVOS: UNA HERRAMIENTA A LA GESTION

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ABSTRACT

Objective: to describe the sociodemographic, clinical profile and the expenses of patients hospitalized in a palliative care ward under the public service perspective. **Method:** a quantitative, descriptive study with patients hospitalized in palliative care, with the medical records and medical bills sector. The descriptive statistics were used and the frequencies were calculated by the software STATA/SE 12.0. The chi-square test was used with $p < 0.05$. Results were presented by means of tables. **Results:** 53% of the respondents are female, have residency in Recife (45%) and RMR (40%). The most frequent diagnoses were cancer in the digestive tract (34%) and in the female reproductive system (19%). The mean residence time was 18 days, with no difference in lethality between the sexes ($p = 0.93$). Regarding the hospital service, UHS spent an average of R\$ 945.50 per capita and a total of R\$ 304,450.95 in the same year analyzed. **Conclusion:** it is necessary to expand the beds in a decentralized way after checking the concentration of beds in the state capital and RM. The importance of palliative care for reducing patient suffering and hospital costs is highlighted, as well as the need for a greater investment in public policies in combating and preventing preventable types of cancer. **Descriptors:** Palliative Care; Hospital Administration; Neoplasms; Chronic Disease; Epidemiology; Public Health.

RESUMO

Objetivo: descrever o perfil sociodemográfico, clínico e os gastos dos pacientes hospitalizados em enfermagem de cuidados paliativos sob a perspectiva do serviço público. **Método:** estudo quantitativo, descritivo, com os pacientes hospitalizados em cuidados paliativos, com prontuários e setor de contas médicas. Utilizou-se a estatística descritiva e calcularam-se as frequências pelo *software* STATA/SE 12.0. Utilizou-se o Teste do Qui-Quadrado com $p < 0,05$. Apresentaram-se os resultados por meio de tabelas. **Resultados:** 53% dos pesquisados são do sexo feminino, possuem residência em Recife (45%) e RMR (40%). Os diagnósticos mais frequentes foram o câncer no aparelho digestivo (34%) e no sistema reprodutor feminino (19%). O tempo de permanência médio foi de 18 dias, sem diferença de letalidade entre os sexos ($p=0,93$). Quanto ao serviço hospitalar, o SUS gastou, em média, R\$ 945,50 per capita e o total de R\$ 304.450,95 no mesmo ano analisado. **Conclusão:** mostra-se a necessidade de ampliação dos leitos de forma descentralizada após verificar-se a concentração dos leitos na capital do Estado e RM. Evidencia-se a importância dos cuidados paliativos para a redução do sofrimento dos pacientes e dos custos hospitalares, além da necessidade de maior investimento em políticas públicas no combate e na prevenção dos tipos de câncer evitáveis. **Descritores:** Cuidados Paliativos; Administração Hospitalar; Neoplasias; Doença Crônica; Epidemiologia; Saúde Pública.

RESUMO

Objetivo: describir el perfil sociodemográfico, clínico y los gastos de los pacientes hospitalizados en enfermería de cuidados paliativos, bajo perspectiva del servicio público. **Método:** estudio cuantitativo, descriptivo, con los pacientes hospitalizados en cuidados paliativos, con prontuarios y sector de cuentas médicas. Se utilizó la estadística descriptiva y fueron calculadas las frecuencias por el *software* STATA/SE 12.0. Se utilizó el Test Cui-cuadrado con $p < 0,05$. Los resultados fueron presentados a traves de tablas. **Resultados:** 53% de los investigadores son del sexo femenino, poseen residencia en Recife (45%) y RMR (40%). Los diagnósticos más frecuentes fueron el cáncer en el aparato digestivo (34%) y en el sistema reproductor femenino (19%). El tiempo de permanencia media fue de 18 días, sin diferencia de letalidad entre sexos ($p = 0,93$). Quanto al servicio hospitalario, el SUS gastó, en media, R\$ 945,50 per capita y el total de R \$ 304.450,95 en el mismo ano analizado. **Conclusión:** se muestra la necesidad de ampliación de los cuartos de forma descentralizada después de verificarse la concentración de los cuartos en la capital del Estado e RM. Se evidencia la importancia de los cuidados paliativos para la reducción del sufrimiento de los pacientes y de los costos hospitalarios, así como la necesidad de mayor inversión en políticas públicas al combate y en la prevención de los tipos de cancer evitables. **Descriptores:** Cuidados Paliativos; Administración Hospitalaria; Neoplasias; Enfermedad Crónica; Epidemiología; Salud Pública.

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INTRODUCTION

In this study, chronic noncommunicable diseases are the main causes of premature morbidity and mortality in the Americas, between 30 and 69 years of age, representing 34% of all types of death, although they can be prevented. A substantial socioeconomic burden is generated by the increase in years of life lost in productive age and a sharp rise in treatment costs, as well as a detriment to the well-being of the patient and his/her family, being a threat to halt socioeconomic development.¹

It is considered that the best way to approach NCDs is through prevention and health promotion. However, in Brazil, health practices also follow the Flexner model, centered on healing and hospital treatment, forgetting the force of prevention and other forms of care, weighing the advances in the first decade of this century.¹⁻²

It is recognized that, as a result of this practice, patients who are out of reach of accumulation in hospitals receive inadequate treatment, mostly with invasive techniques and complex technology, in an attempt to cure and recover.²

It is observed that, in order to change this reality and to accommodate these patients, palliative care, defined by the World Health Organization (WHO) as "an approach to the quality of life of patients and their families in the face of diseases that threaten life, through the prevention and relief of suffering. "This concept was adopted in Brazil, implemented by Portaria GM nº 3.535/1998, which established criteria for the registration of centers of attendance in oncology.³⁻⁴

It should be noted that in the State of Pernambuco, despite the initiatives, the number of palliative care beds in the UHS is still far below the needs of the population, estimated at 8,931,028 inhabitants in 2012, according to the Brazilian Institute of Geography and Statistics (IBGE), with only 51 beds, on average, when recommended by the European Association of Palliative Care (EAPC) would be 50 beds per million people.^{3,5-6}

It is said that there are few national epidemiological studies in the area of palliative care. Therefore, it is necessary to deepen this theme in order to instrumentalize hospital management planning and management and care decision making.^{3,6-7}

OBJECTIVE

- To describe the sociodemographic, clinical profile and expenditures of patients

hospitalized in a palliative care ward under the public service perspective.

METHOD

This is a quantitative, descriptive study carried out in 2015 at a High Complexity Oncology Center (CACON) located in Recife, Pernambuco.

The study population includes all patients hospitalized in palliative care in the year 2014. All the patients who were hospitalized in the hospice of palliative care in the year 2014 were included in the study . The place was chosen as a hospital of great size, teaching and constitute the largest cancer treatment center in the Brazilian Northeast, with 14 palliative care beds available for the UHS.⁸

As a data collection instrument, 322 medical records of adult patients hospitalized in the hospice of palliative care were used in 2014. Data collection was done through the mirrors -copy-of the Hospitalization Authorization (HA) and the statement of amounts paid for specialties and HA.

Cost was analyzed from the perspective of the UHS and the average annual and per capita total cost was calculated. Some variables were analyzed by means of central trend measures presented in absolute and relative frequency distribution tables using the STATA/SE 12.0 software provided by IMIP. The cancer lethality rate in the palliative care ward was calculated in 2014. The chi-square test was used for the analysis of the variables comparison, considering the statistically significant frequency differences with values of $p < 0.05$.

The data was presented in the form of tables containing sociodemographic and hospitalization variables (clinical, reason for hospitalization and discharge, main diagnosis, clinical and diagnostic procedures, length of stay, reason for discharge, causes of death per ICD chapter -10 and the expenses of the UHS with hospitalizations).

The project was approved by the Ethics Committee of the Professor Fernando Figueira Institute of Integral Medicine - IMIP under the opinion of nº 1,075,841, dated 05/19/2015.

RESULTS

The results of the research are presented in the tables from 1 to 5.

Table 1. Sociodemographic characteristics of patients hospitalized in palliative care. Recife (PE), Brazil, 2014.

Variables	N (332)	%
Sex		
Female	171	53
Male	151	47
Total	322	100
Age (years)		
20-39	22	7
40-59	85	26
60-79	168	52
80 and more	47	15
Total	322	100
Origin		
Recife	145	45
RMR	130	40
Zona da mata	29	9
Agreste	14	4
Sertão	4	1
Total	322	100

Source: Patients' records of the IMIP palliative care ward.

Table 2. Clinical characteristics and types of exams of hospitalized patients in palliative care. Recife (PE), Brazil, 2014.

Variables	N (332)	%
Clinical Procedures		
Hemotherapy	55	-
Physiotherapy	153	-
Nebulization/Inhalation	52	-
*Total	260	-
Exams		
Image	215	-
Hematologic/Biochemical	180	-
*Total	395	-

Source: Patients' records of the IMIP palliative care ward.

Table 3. Distribution of hospitalized patients in the palliative care ward according to gender and diagnosis. Recife (PE), Brazil, 2014.

Variable	Sex				Total	
	Male		Female			
Diagnosis	N	%	N	%	N	%
Cancer						
Digestive System	63	58	46	42	109	34
Female reproductive organ	-	-	62	19	62	19
Male reproductive organ	25	8	-	-	25	8
Urinary appendix	5	83	1	17	6	2
Respiratory system	16	62	10	38	26	8
Other diagnostics	20	30	46	70	66	20
CNS Degenerative Diseases	10	36	18	64	28	9
Total	139	276	183	251	322	100

Source: Patients' records of the IMIP palliative care ward.

Table 4. Distribution of hospitalized patients in the palliative care ward by length of stay, reason for discharge and lethality rate. Recife (PE), Brazil, 2014.

Variables	N	%
Lenght of stay		
Less than 1 week (<7 days)	124	39
Less than 1 month (> 7 to <30 days)	187	58
More than 1 to 3 months (> 30 to 90 days)	11	3
Total	322	100
Reason for discharge		
Improvement	146	45
Death	176	55
Total	322	100
Lethality rate of cancer patients	-	63
Sex-case fatality rate F	-	64
Death rate from cancer in sex M	-	63
p-value between sex M and F	-	0.93

Source: Patients' records of the IMIP palliative care ward.

Table 5. UHS costs for patients in palliative care, in 2014, for professional and hospital service. Recife (PE), Brazil, 2014.

Variables	N	%
SUS Expenses	Média	Total
Professional service/physiotherapist	71,27	22948.64
Hospital service	945.50	304450.95
Total	1016.77	327399.59

Source: Patients' records of the IMIP palliative care ward.

DISCUSSION

It was evidenced, through this study, that more than half of the patients in the palliative care ward were women, aged between 60 and 69 years, living in Recife and RMR, as found in a study that characterized the chemotherapy and hormone therapy patients from an oncology unit with a female prevalence of 60.7% 9. The lethality rate is very high in view of the advanced phase of the patients' illness in palliative care. The prevalence of cancer in other studies is shown in more advanced ages and the importance of individualized care of these patients in order to minimize the pain and suffering faced.¹⁰

It should be noted that the most prevalent disease in the palliative care ward was cancer, mainly in the digestive system, affecting more males. According to the National Cancer Institute (INCA) estimates for 2014 and 2015, cancer of the digestive system would also reach men more, with a gross incidence rate of 48 per 100,000 inhabitants, and women, with 31 per 100,000. According to a worldwide parameter, it is estimated that the most common causes of cancer death were lung (1.6 million deaths), liver (745 thousand deaths) and stomach (723 thousand deaths).¹¹

These same results were found in a study in which the authors characterized a home hospitalization and palliative care program in the municipality of Pelotas, with a

concentration of 29% of digestive cancer in a population of 211 patients.¹²

It is indicated that cancer in the female reproductive system appears in second place in the ranking of this study. Among the cancers of the female reproductive system, breast cancer appears first in the ranking, with (50%), followed by cancer in the cervix (29%). These results are compatible with the INCA estimate for the year 2014, with an incidence of 57,120 new cases of breast cancer in Brazil, also ranking first. The results of this research corroborate other studies, such as the research that sought to investigate the profile of the demand of chemotherapy and hormone therapy users from a unit of oncology in a municipality in the South of Brazil with a prevalence of breast cancer in 44.3% in 221 patients.¹²⁻³

It is argued that these results are of great importance for public health, since breast cancer is still an important cause of mortality among women, despite being preventable and targeted by public policies.⁹⁻¹⁰

The results of this study show a concentration in the number of hospitalizations of patients living near the hospital and, as the municipalities are distancing themselves from the hospital that is located in the state capital, the number of hospitalizations decreasing. This can occur due to the difficulty of moving and transferring smaller hospitals to larger ones located in the capital. One can also observe

this fact by estimating the incidence of cancer according to the region, such as prostate cancer, with an estimated incidence of 84.7 per 100,000 men in the state and, in the capital, 58.2 per cent thousand. It is observed that the capital concentrates more than half of the incidences of the State of Pernambuco.⁹⁻¹⁰

It is reported that the State of Pernambuco has 51 palliative care beds concentrated in Recife, which makes it difficult for patients residing in the interior of the State. Palliative care has some of the characteristics that end up surpassing traditional hospital care due to the better use of technological resources, with the reduction of interventional assistance to the maximum through the application of less invasive practices, providing more comfort to the patients, mainly in the control of pain.^{10,14}

It can be observed in the results of this study that the follow-up of the patients was through physiotherapies and imaging tests. This approach, in addition to bringing benefits to patients, reduces unnecessary hospital costs.³

It was evidenced that hospitals that have specialized attention in palliative care can attend from patients in the terminal phase of the disease, with specific crises, such as patients with a short-term hospitalization profile (mean 14 days), or prolonged hospitalizations (mean of two to three months), with decompensation of the symptomatology.³

In this study, it was observed that the mean time of hospitalization of most patients was 18 days, with a short-term hospitalization and, in the majority, evolving to death. Due to the clinical situation, serious characteristic of these patients, palliative care seeks control of pain and other symptoms, in addition to providing a worthy survival. Family preparation and support are also provided for coping with bereavement through humanized follow-up throughout the death process by specialized professionals.¹⁵⁻⁸

Thus, it is reported that, when these patients are not in specialized palliative care wards, they may be in an Intensive Care Unit (ICU), which has a much higher cost and more invasive procedures. In terms of comparison, an ICU daily costs, on average, R\$ 800,00 only with hospital costs, amount paid by the UHS table according to ordinance nº 2.351, of October 5, 2011.¹⁹

Another study was found that had similar results regarding hospital expenses, as well as showing that patients presented better quality of life with palliative care in the home care

service when compared to patients in palliative care wards.¹⁷

It is shown, in relation to epidemiological data, that the cancer lethality rate is high due to the characteristics of the palliative care patients, who were at an advanced stage of the disease and, in the majority, in the terminal stage, which does not differ from research on this subject.²⁰⁻³

CONCLUSION

It is shown, through the results of this study, the need to expand the beds in a decentralized way after verifying the concentration of beds in the state capital and RM. The importance of palliative care is reinforced to reduce patient suffering and hospital costs.

With the growing number of patients requiring palliative care, public policies should work on expanding the beds in a decentralized manner and with greater investments to combat and prevent preventable types of cancer. With this study, the disclosure of basic epidemiological data is essential to the knowledge of the characteristics of these patients. Therefore, it may serve as a basis for other studies, as well as help hospital management to better understand their patients in the use of this information in planning and decision-making in order to obtain a better result in the services provided.

REFERENCES

1. Organização Pan-Americana Da Saúde. Organização Mundial Da Saúde. Resolução CD52-R9. Plano de ação para a prevenção e controle de doenças não transmissíveis [Internet]. Washington: OPAS/OMS; 2013 [cited 2017 Aug 25]. Available from: https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=23330&Itemid=270&lang=pt.
2. PAIM, Jairnilson da Silva. Modelos de atenção à saúde no Brasil. In: Lígia Giovanella, Sarah Escorel, Lenaura de Vasconcelos Costa Lobato, José Carvalho de Noronha, Antonio Ivo de Carvalho. Políticas e sistemas de saúde no Brasil [Internet]. 2nd ed. Rio de Janeiro: Fiocruz; 2012 [cited 2017 Aug 25]. Available from: http://portal.saude.pe.gov.br/sites/portal.saude.pe.gov.br/files/modelos_de_atencao_a_saude_no_brasil_-_paim_0.pdf.
3. Carvalho RT, Parsons HA, organizadores. Manual de cuidados paliativos ANCP [Internet]. 2nd ed. Rio de Janeiro: ANCP; 2014 [cited 2017 Aug 28]. Available from: <http://biblioteca.cofen.gov.br/wp->

content/uploads/2017/05/Manual-de-cuidados-paliativos-ANCP.pdf

4. Ministério da Saúde (BR), Gabinete do Ministro. Portaria n° 19/GM, de 03 de janeiro de 2002 [Internet]. Brasília: Ministério da Saúde; 2002. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt0019_03_01_2002.html

5. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Cadastro Nacional de Estabelecimentos em Saúde [Internet]. Brasília: CNES; 2017. Available from: <http://cnes.datasus.gov.br>

6. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. Estimativas de População. Estimativas populacionais para os municípios brasileiros em 2012 [Internet]. Rio de Janeiro: IBGE; 2012 [cited 2017 Nov 15]. Available from: <https://ww2.ibge.gov.br/home/estatistica/populacao/estimativa2012/default.shtm>

7. Andrade CT, Magendanz AMPCB, Escobosa DM, Tomaz WM, Santinho CS, Lopes TO, Lombardo V. The importance of a database in the management of healthcare services. *Einstein*. 2012 July/Sept;10(3):360-5. Doi: <http://dx.doi.org/10.1590/S1679-45082012000300018>

8. Ministério da Saúde (BR), Portaria n° 140/GM, de 24 de fevereiro de 2014. Redefine os critérios e parâmetros para organização, planejamento, monitoramento, controle e avaliação dos estabelecimentos de saúde [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2017 Sept 27]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/sa/2014/prt0140_27_02_2014.htm

9. Hisse CN, Schwartz E, Lima LM, Feijó AM, Santos BP, Viegas AC. Characterization of the patients of chemotherapy and hormone therapy of an oncology unit. *R Enferm Cent O Min*. 2014 May/Aug; 4(2):1185-93. Doi: <http://dx.doi.org/10.19175/recom.v0i0.492>

10. Ministério da Saúde (BR), Instituto Nacional do Câncer José Alencar Gomes da Silva. Cuidados paliativos [Internet]. Rio de Janeiro: INCA; 2002 [cited 2017 Nov 15]. Available from: http://www1.inca.gov.br/conteudo_view.asp?id=474

11. Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, et al. GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon: IARC; 2013 [cited 2017 Nov 18]. Available from: <http://globocan.iarc.fr>

12. Fripp JC. Characterizing a home and palliative care program in the Municipality of

Pelotas, State of Rio Grande do Sul, Brazil: a contribution to full attention to cancer patients at the National Unified Health System. *Epidemiol Serv Saúde*. 2012 Jan/Mar;21(1):69-78. Doi:

<http://dx.doi.org/10.5123/S1679-49742012000100007>

13. Ministério da Saúde (BR), Instituto nacional do Câncer José Alencar Gomes da Silva. Estimativa 2014 de incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2014 [cited 2018 Jan 25]. Available from: http://www2.inca.gov.br/wps/wcm/connect/0129ba0041fbbc01aa4fee936e134226/Apresen-tacao+Estimativa+2014_final+corrigido+tireoid-e.pdf?MOD=AJPERES&CACHEID=0129ba0041fbbc01aa4fee936e134226

14. World Health Organization. National cancer control programmes: policies and managerial guidelines [Internet]. 2nd ed. Geneva: WHO; 2002 [cited 2017 Aug 25]. Available from: <http://www.who.int/cancer/media/en/408.pdf>

15. Meneguim S, Ribeiro R. Difficulties of caregivers providing palliative care to patients covered by the family health strategy. *Texto contexto-enferm*. 2016;25(1): e3360014. Doi: <http://dx.doi.org/10.1590/0104-0707201500003360014>

16. Encarnação JF, Farinasso ALC. The family and the family caregiver of patients beyond cure: an integrative review. *Semina: Ciênc Saúde*. 2014 Jan/June;35(1):137-48. Doi: <http://dx.doi.org/10.5433/1679-0367.2014v35n1p137>

17. Ribeiro SZRS. Custos e qualidade de vida de pacientes oncológicos em cuidados paliativos no hospital e no domicílio no município de Recife/PE [dissertation]. Recife: IMIP; 2017.

18. Academia Nacional de Cuidados Paliativos. Manual de cuidados paliativos. Rio de Janeiro: Diagraphic; 2009 [cited 2017 Aug 25]. Available from: http://www.santacasasp.org.br/upSrv01/up-publicacoes/8011/10577_Manual%20de%20Cuidados%20Paliativos.pdf

19. Ministério da Saúde (BR), Gabinete do Ministro. Portaria n° 3.535/ GM, de 02 de setembro de 1998. Estabelece critérios para cadastramento de atendimento em oncologia [Internet]. Brasília: Ministério da Saúde; 1998 [cited 2017 Aug 28]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/1998/prt3535_02_09_1998_revog.html

20. Soares M, Salluh JIF, Rocco JR, Spector N. Prognostic factors for severely ill patients with hematologic Malignancies. *Rev Bras*

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Terapia Intensiva [Internet]. 2005 July/Sept; 17(3):170-5 [cited 2017 Oct 25]. Available from:

http://www.rbti.org.br/content/imagebank/pdf/antigos/rbti_vol17_03.pdf

21. Soares M, Lobo SMA, Torelly AP, Mello PVC, Silva U, Teles JMM. Outcomes of cancer patients admitted to Brazilian intensive care units with severe acute kidney injury. Rev Bras Ter Intensiva. 2010;3(22):236-44. Doi:

<http://dx.doi.org/10.1590/S0103-507X2010000300004>

22. Giacomini MG, Lopes MVCA, Gandolfi JV, Lobo SMA. Septic shock: a major cause of hospital death after intensive care unit discharge. Rev Bras Ter Intensiva. 2015; 27(1):51-6. Doi:

<http://dx.doi.org/10.5935/0103-507X.20150009>.

23. Rodrigues GCF, Duarte MCS, Mamede RS, Simões KM, Santos JS, Oliveira TC. Palliative care for oncological patient: bibliometric study. J Nurs UFPE on line. 2017 Mar; 11(Suppl 3):1349-56. Doi:

<https://doi.org/10.5205/1981-8963-v11i3a13976p1349-1356-2017>

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