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PALLIATIVE CARE PATIENTS IN THE INTENSIVE CARE UNIT

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Abstract: The present work seeks to establish the importance of the interrelationship of the different fronts of the Intensive Care Unit teams when working with palliative care. To this end, interaction between the patient, family and health professionals must be encouraged, in addition to remedying professional deficits in this area. In addition, working on the patient's social and environmental relationship, strengthening the religious side of all those involved.
Keywords: Palliative care. Multidisciplinary work. UTI.

INTRODUCTION

Within medicine, the term palliative is commonly used, which refers, from the Latin,to protection. In health, the issue of mitigating pain and suffering is addressed in order to improve the quality of life of critically ill patients who are facing the risk of death. To this end, physical and psychological issues of patients are included. One must also respect the patient's autonomy, as well as include the family in the care and symptomatic relief.

The adhesionAccession to PC, in the hospital context, has increasing adherence, especially when referring to non-communicable chronic diseases (NCDs) in society. broad, intensive and complex care for patients who need more assistance.

The adhesionPalliative care must in no way be postponed, starting from the diagnosis of a serious illness, associated with active treatment, thus offering conditions of comfort and pain relief to patients.

In view of what was presented, it is also worth mentioning that the PC must be adopted in a way that associates the preventive and curative forms, notthey must not be conducted in a dissociated manner. However, despite the need for joint performance, according to the World Health Organization (WHO), only 1 patient in every 7.14 who need this care actually receive it. This factor is due to several reasons, among them we can mention:

- professionals are not trained to provide this form of therapy;
- Increasingly invasive measures are adopted in order to prolong life without guaranteeing its effective quality;
- Difficulty in understanding the finitude of human life;
- Feeling of frustration of professionals in assuming a therapeutic failure.

Faced with this complexity, it is noted that this decisionIt must not be taken by the medical professional and informed and adopted in a joint multidisciplinary way among health professionals working in intensive care medicine. Awareness of the patient's condition and acceptance of the CP condition makes it easier (or less difficult) to reflect and make decisions based on the ethical principles that underlie their conduct. In addition to providing a humanized and adequate care to the patients served.

The patient's autonomy and the family's will must always be taken into account, given their contribution to minimizing the fear, doubt and anguish that affect professionals in the palliative process.

In addition, when addressing CP, it is highlighted that the lack of preparation, both content and emotional, of professionals to deal with patients who have few possibilities of cure, consequently prolonging their pain and suffering.

GOALS

Clarifyer s justifiability of adestion and dissemination of knowledge about palliative care in Intensive Care Units.

METHODOLOGY

This work consists of a qualitative review of the literature that sought to address results found in research on the intensive and palliative theme, whether in a comprehensive, orderly or systematic way. To carry out the work, the following steps were followed:

1) Selection of the corresponding themes;

2) Selection of samples found and used;

3) Analysis of the characteristics of the original research;

4) Analysis of the obtained results;

5) Carrying out the review.

The scientific literature databases and techniques used in carrying out the review were Google Scholar, Scientific Electronic Library Online (SciELO), Virtual Health Library, Latin American and Caribbean Literature in Health Sciences (LILACS), using the following search engines: "Intensive care unit"; "Palliative care" and "treatment of anxiety in the elderly".

Thus, the present work seeks not only to analyze the palliative interface within the different thematic points correlated to the intensive front, aiming to shed light for an educational path, clarifying and raising awareness about the importance of knowledge and adherence to measures that fit as CP, providing humanized treatment.

DISCUSSION

In hospital reality, many professionals claim knowledge and constant adherence toof palliative practices in cases that are necessary. However, according to Zanetti's research, many of those interviewed demonstrated understanding about PC as a method of promoting comfort and alleviating suffering. They also highlighted the importance of establishing good communication with the family and other team members.

Multi-professional.

Despite the findings, it was identified certainweaknesses in the palliative training of the respective professionals. This fact is due to the lack of contact with the content during graduation, normally experiencing it for the first time in professional life.

Furthermore, it was also evidencedences in the conduct of different professionals from the same team, with difficulties in establishing the appropriate moment to start the CP and which conducts must be maintained for each patient.

Palliative care must encompass the patient in an integrative manner, covering the following fronts: fphysical, psycho-spiritual, socio-cultural and environmental context, respecting the uniqueness of each patient and, finally, meeting the needs of each one.

A questPhysical action, essential to be addressed in CP, refers to pain treatment, providing comfort and well-being to the patient. The psychosocial issue comprises the patient's faith, self-esteem and emotions. The sociocultural approach addresses the patient and the people around him, working on his interpersonal relationships. Finally, the environmental context will work on the environment surrounding the patient, such as lighting, temperature, for example.

It is worth emphasizing the individuality of each patient.entity, respecting its uniqueness and belieftions, providing humanized and attentive assistance, meeting the needs of each one, providing timely support.

To promote comfort and respect for the patient's condition, it is necessary to meet the physical needs with the aim of relieving the patient's symptoms, such as dyspnea and nausea, and avoiding painful and unnecessary interventions. The emotional or psychological aspects, however, must be approached through dialogue, psychological follow-up, demonstrations of affection

and attention. In this role, faith plays a fundamental role, seeking and stimulating the religious aspects of patients and their families.

The use of CP by health professionals consists, in addition to the fear of admitting a therapeutic failure, in the difficulty of accepting and understanding that life has a limit and must be respected so that it does not harm the patient. In this context, the basic principles within medicine must be respected, which are beneficence, non-maleficence, justice and autonomy. Adherence to invasive procedures in patients with no possibility of recovery is characterized by dysthanasia or therapeutic obstinacy, which non-palliative treatment configures as perpetuation of suffering and anguish for patients, prolonging the physiological process of dying. The Code of Medical Ethics supports the suspension of treatments for patients in an irreversible and/or terminal clinical situation, respecting the will of the patient or his legal representative.

Efficient care at the end of life becomes possible through the unanimity of the quality of the services provided, associated with a trained, qualified and confident team. Thus, continuing education is paramount to alleviate the training deficiency of health professionals involved in palliative care in Intensive Care Units.

FINAL CONSIDERATIONS

In view of the present work, it is noted the relevancemultidisciplinary work in Intensive Care Units by adopting practices classified as PC. The professionals on that front understand the PC as a strategy to promote comfort and alleviate suffering, thus respecting the dignity of the patient, approaching him as an integral and complex being.

Establishing a good relationship Interpersonal interaction between health professionals, people close to the patient and the patient himself is of fundamental importance in order to ease the painful process that all involved are going through.

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