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PALLIATIVE CARE FOR ELDERLY PEOPLE IN SITUATION OF ENDITUDE - OPINION OF NURSING PROFESSIONALS

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Abstract: 1.Introduction: changes in their epidemiological and demographic profiles, due to low mortality rates from infectious diseases, studies have signaled a rapid increase in the number of elderly people in Brazil. This process can be observed in developed and developing countries, which generates socioeconomic, cultural, demographic and epidemiological transformations. Unfortunately, in developing countries, this fact leads to social inequalities that require planning and public policies that focus on the elderly and their particularities, including the proximity of death and injuries that can lead to early finitude. 2- **Objective:** To understand the perceptions of the nursing team in the sector of Medical Clinic in Palliative Care with elderly people in finitude of a private hospital in the city of São Paulo that serves mostly elderly people. **3- Methodology** - This was field research, exploratory and descriptive with a qualitative approach, which sought to describe palliative care for the elderly in their finitude and to understand the perceptions of the nursing team in the Internal Medicine sector in palliative care for the elderly. This study was carried out in a private hospital that provides services and assistance to the predominantly elderly population with different pathologies. It had the participation of 18 professionals who provide care to the hospitalized elderly, who agreed to participate in the study by signing the Free and Informed Consent Form (TCLE) and approval of CEP CAAE: 332959914.5.0000.5494. **4. Discussion** -The transcription was carried out in the speech of the subjects using the words of significance in relation to the team's perception of palliative care through charts and diagrams, and later discussed in comparison to what the literature addresses in relation to the findings, through the analysis by Laurence Bardin.5. **Conclusion** - Through the results of this study, it was possible to describe and understand the actions and perceptions of the nursing team in the elderly in their finitude, the results of the research showed that the nursing team is not yet prepared to act in front of the elderly in a terminal phase, i.e. facing death.

INTRODUCTION

In the mid-twentieth century, Brazil and the world underwent major changes in their epidemiological and demographic profiles, due to low mortality rates from infectious diseases, studies have signaled a rapid increase in the number of elderly people in Brazil. This process can be observed in developed and developing countries, which generates socioeconomic, cultural, demographic and epidemiological transformations. Unfortunately, in developing countries, this fact leads to social inequalities that require planning and public policies that focus on the elderly and their particularities. [1,2,3].

According to projections by the IBGE (Brazilian Institute of Geography and Statistics) in 2050 "the Brazilian population will be 253 million inhabitants, the fifth largest population on the planet, behind only India, China, USA and Indonesia. In the 1940s, the elderly population has the highest rates of population growth, a phenomenon that generates a series of social and economic changes in the labor market, as well as in health services and family relationships. [4,5].

The set of factors that contributed to a sharp reduction in mortality rates, improvements in some sectors such as: nutrition, increased levels of personal hygiene, better sanitary conditions in general and, particularly, much more adequate environmental conditions at work and at home than previously. However, more than the decrease in mortality, the explanation for the growth of the population aged over sixty lies in the drastic reduction in fertility rates, especially in urban centers. [1,2,4,5,6].

Aging is considered by many authors as a dynamic, progressive, universal, irreversible process, where morphological, physiological, biochemical and psychological changes occur as a result of the action of time, characterized by the accumulation of progressive disabilities in their functional activities and daily life, associated with adverse socioeconomic conditions [4].

In the current scenario, mortality is replaced by comorbidities and the maintenance of functional capacity emerges as a new challenge for the aging population. The accelerated pace of aging is accompanied by drastic changes for society, due to profound social and economic transformations. [5].

Societies have different ways of understanding old age as well as the way of welcoming and caring for those who age, this handling with the elderly was socially apprehended, according to the specific practice of each group, which generates attitudes of respect, fear, solemnity, reverence, neglect, shame and/or violence [9].

With regard to the process of finitude, death is experienced symbolically as the aging process progresses. When dealing with different physical, social and cultural losses, we are getting closer and closer to the end. However, the way this is perceived by the other can be decisive in the quality of this process. Death is an event inherent to all living beings and, not necessarily present only in the elderly, it can occur at any age. [10,11,12,13].

The process of finitude in the elderly can happen slowly, accompanied by physical, mental, social, emotional and spiritual suffering, and is currently one of the most valued topics in gerontology and a source of great concern on the part of researchers, especially when people call this event as normal and due to the aging process [13].

In Brazil, Palliative Care began to be practiced from 1980 onwards by multidisciplinary health teams, involving doctors, nurses, physiotherapists, social workers, religious people and psychologists. [4].

The patient who is out of curative therapeutic possibilities is characterized as terminal, leading to a false idea that nothing can be done about it. However, it is known that the quality of life must be maintained at satisfactory levels, using palliation techniques, which are interventions for patients in the final stages of life, patients undergoing long therapies, and with chronic diseases, such as: dementia, cancer, heart disease, lung and kidney diseases and HIV (Human Immunodeficiency Virus). The care for this individual in a situation of objective palliative care, the relief of symptoms, pain and suffering with the aim, not to add more days to life, but to provide a better quality of life in the face of death [6,7,9].

It is important to mention that Palliative Care has as principles: affirming life and facing death as a natural process. This finitude must occur in a dignified manner, and treated within the principles of Integrality, Equality and Universality, advocated by the SUS [9].

Nursing care in this context of Palliative Care must include a care plan for each patient, their family and their beliefs, considering the patient's goals and limits imposed by the disease. This finitude is almost always characterized by fragility, immobility, loss of interest in food, dysphagia, asthenia, drowsiness, in addition to high levels of anxiety, tension and emotions10, [11].

Must they receive the proper palliative care, meeting their physical and self-care needs, such as pain, hygiene, food, comfort, monitoring of Vital Signs, administration and control of medications, educational actions, taking into account their uniqueness, however, these interventions will not influence on the lifetime, but on the quality [1,2].

This population depends on special care,

institutions designed to aid are becoming increasingly necessary, the constant search for new institutional models that provide an environment of specific care and that preserve and promote the fundamental rights of the elderly as a human being must be encouraged. human [5,7,8].

For this, nursing participation is fundamental, it must be active, being prepared to perform the care that this phase requires, however, activities are still focused only on general care. In my daily life, I have observed that although professionals have received information about this type of care, some of them are often unprepared to deal with patients outside of therapeutic possibilities, and at the end of their lives, and especially with family members, requiring adequate and more effective palliative care. This is the fact that motivated this study.

Therefore, how does the nursing team perform in palliative care for the elderly outside of therapeutic possibilities and in finitude?

To understand the perceptions of the nursing team in the Medical Clinic sector in Palliative Care with elderly people in finitude of a private hospital in the city of São Paulo that mostly serves the elderly.

METHOD

This was field research, exploratory and descriptive with a qualitative approach, which sought to describe palliative care for the elderly in their finitude and to understand the perceptions of the nursing team in the Internal Medicine sector in palliative care for the elderly.

This study was carried out in a private hospital that provides services and assistance to the predominantly elderly population with different pathologies. Founded in 1911 with more than one hundred years of existence, the Institution of Beneficence and Philanthropy, located in the neighborhood of Mooca in the eastern region of the Municipality of São Paulo. The institution's mission is to provide specialized and humanized care and treatment according to their needs, ensuring their personal and social well-being.

The subjects who took part in this study included assistants, nursing technicians and nurses who care for elderly patients in palliative care, a total of 18 professionals who provide care to hospitalized elderly people, who agreed to participate in the study by signing the Free Consent Form and Clarified (TCLE).

Professionals who did not provide care to dying elderly people and who did not agree to participate in the study were excluded from the study.

Data collection was carried out after a previous explanation of the study, where the subjects received fictitious names corresponding to precious stones, a structured questionnaire developed by the researcher herself for the collection was applied, consisting of open and closed questions.

Ø What do you understand about Palliative Care?

Ø What is your opinion on Palliative Care for the terminally ill elderly?

Ø Do you experience difficulties in caring for the elderly who need Palliative Care? If yes, describe which ones:

→ How do you work in Palliative Care for the elderly and terminally ill? → What is your reaction to finitude in the elderly?

This study was previously evaluated by the Research Ethics Committee and data collection began after approval by the CEP CAAE: 332959914.5.0000.5494 and upon the signature of the researched in the Term of Free and Informed Consent - TCLE.

The study complied with the criteria of law 466/12 that regulates research with human beings, the risks to the participants

were minimal, since a questionnaire was applied, however, confidentiality and privacy of the subjects were guaranteed regarding the confidential data involved in the research. insured.

The main advantages and benefits of participating in this study include the contribution to improving the work organization of the multidisciplinary team, thus increasing the quality of care for the client and directly contributing to the studies, changes in strategies that will help to establish knowledge and improve the instructions with regard to finiteness in the elderly.

RESULTS

The subjects of this study, made up of 18 professionals, of both sexes, five nursing assistants, five nursing technicians, and eight nurses, aged between 23 and 52 years. All study participants reported working at the institution for more than 02 years in the care of terminally ill elderly patients in a Medical Clinic Unit. Three participants were excluded for not meeting the inclusion principles. To analyze the data, a questionnaire was applied from September 15, 2014 to March 15, 2015, whose form was prepared with 3 objective questions to characterize the population in terms of age, gender, and professional experiences, and four subjective questions to identify the professional relationship with patients/relatives undergoing palliative care. The transcription was carried out in the speech of the subjects using the words of significance in relation to the team's perception of palliative care through charts and diagrams, and later discussed in comparison to what the literature addresses in relation to the findings, through the analysis by Laurence Bardin [16].

From the qualitative analysis, categories emerged according to the subjects' answers about what they understand about: Palliative Care, difficulties, performance and elderly in the final phase that aim to promote the quality of life of the patient and his family, which will be presented below in form of diagrams.

Category 1 – From the categories that emerged, the subjects of this study understand that Palliative Care is related to comprehensive care provided to the patient for the relief of suffering, pain relief, comfort measures, non-invasive care, humanized treatment.

In the reports that follow below, the research subjects express that Palliative Care is offered to the patient with the main objective of alleviating their suffering and pain, present in the daily lives of people who face an incurable disease and with the proximity of death.

> *"Relief of pain before death". [...].* ***Jade***

> *"Measure applied to ensure patient comfort". [...].* ***Rubi***

> *"Measures to give maximum comfort to the patient". [...].* ***Quartzo***

> *"It is the care of a multidisciplinary team". [...].* ***Topázio***

The study participants considered the Humanization of Care to be important in palliative care, where care is provided by a multidisciplinary team, according to the reports of interviewees Jade and Opala.

> *"Non-invasive care for clients who," [...].* ***Diamante***

> *[...] "to guarantee you a humanized treatment". [...]* ***Opala***

Humanization is extremely important beyond the technical and scientific dimensions and recognizing the patient's rights in their individuality, dignity and subjectivity, therefore it is necessary to value them as a human being, and this presupposes a relationship between the professional and their patient.

> *"Reduced suffering". [...]* ***Perola***

Through the speeches of the subjects when

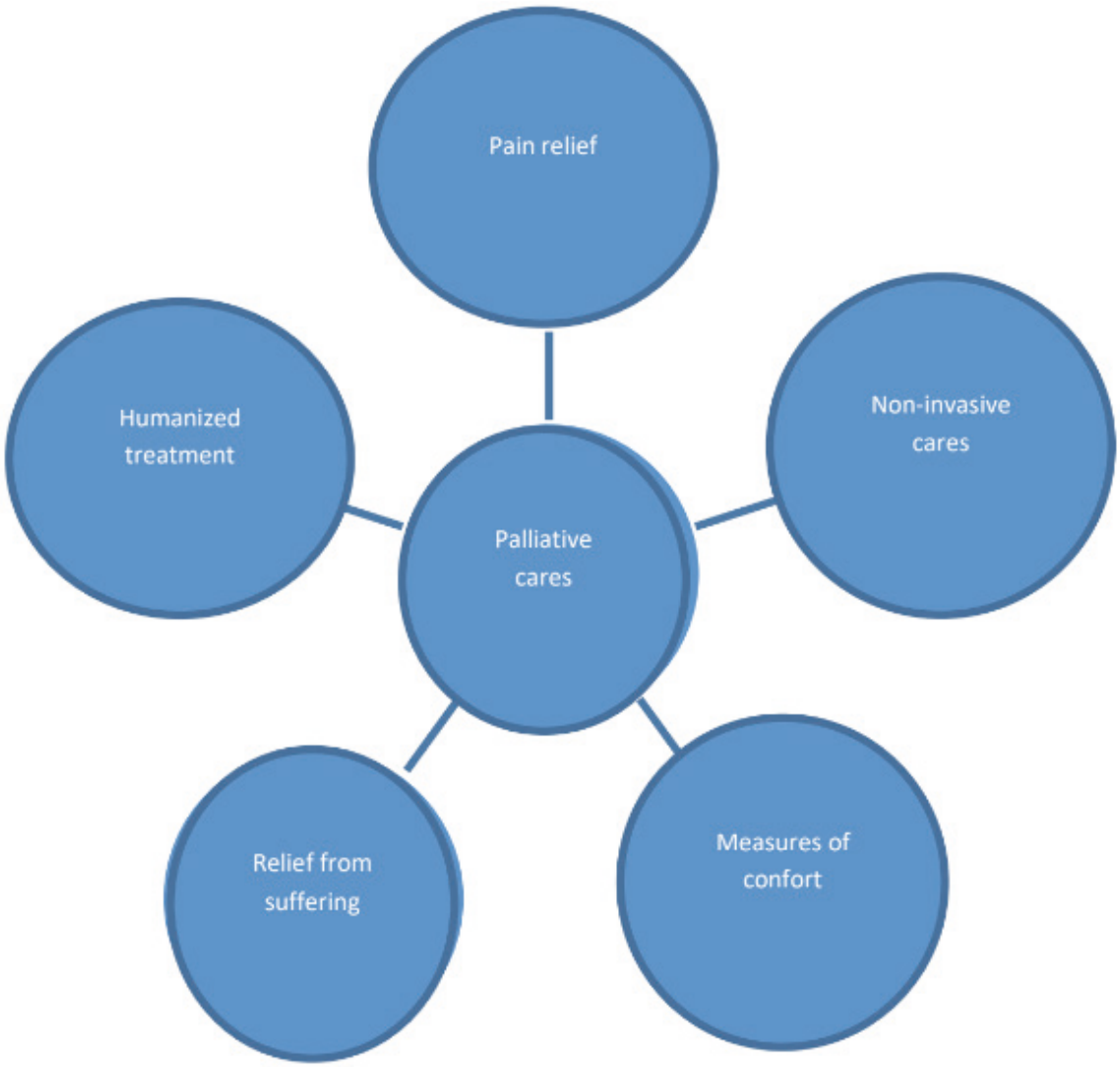

Figure 01. Diagram of the professionals' responses according to what they understand about Palliative Care. SP, 2015.

SOURCE: Authors, 2015.

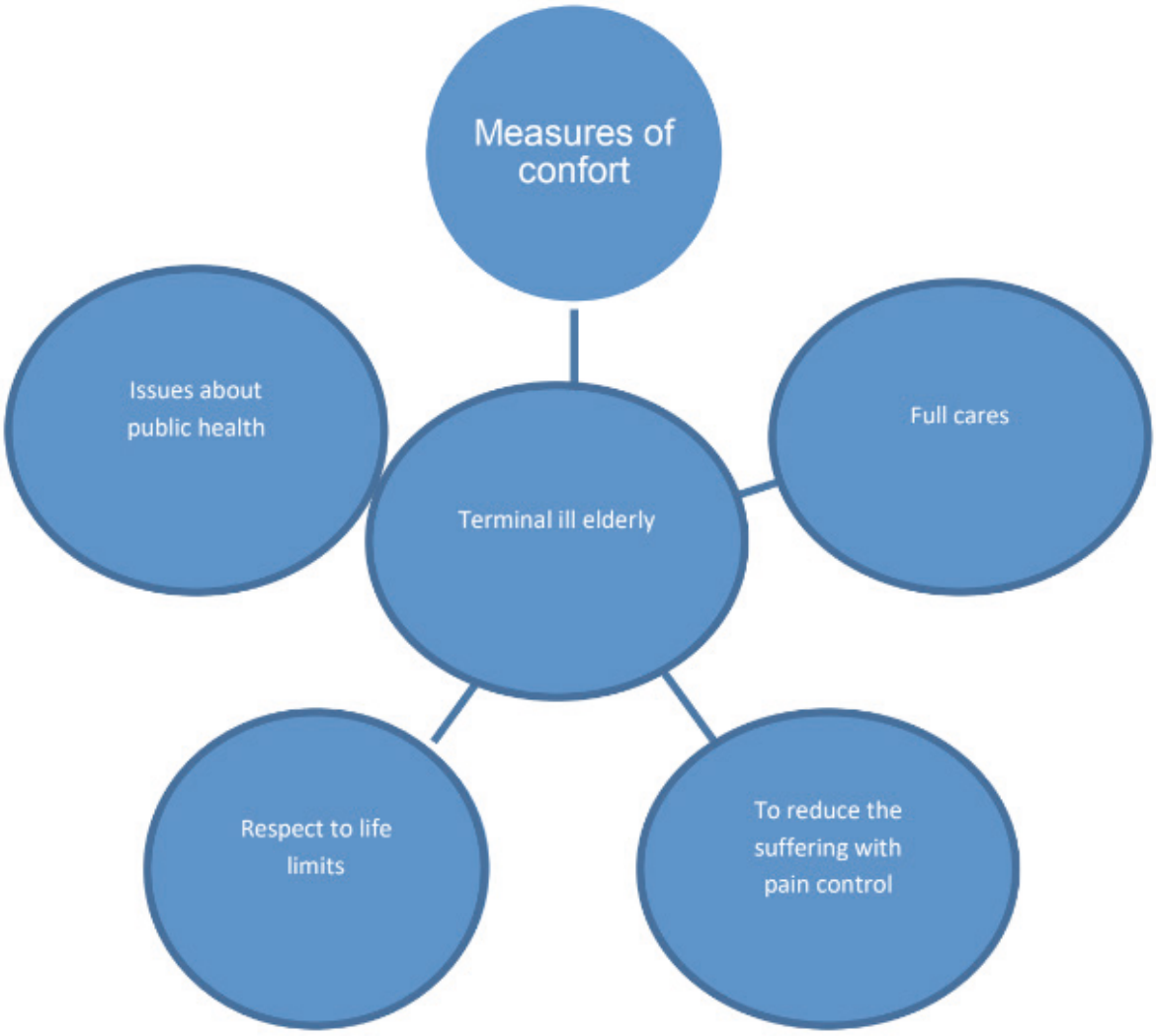

Figure 02. Diagram of the professionals' responses according to the opinion of Palliative Care in terminally ill elderly people. SP, 2015.

Source, authors, 2015.

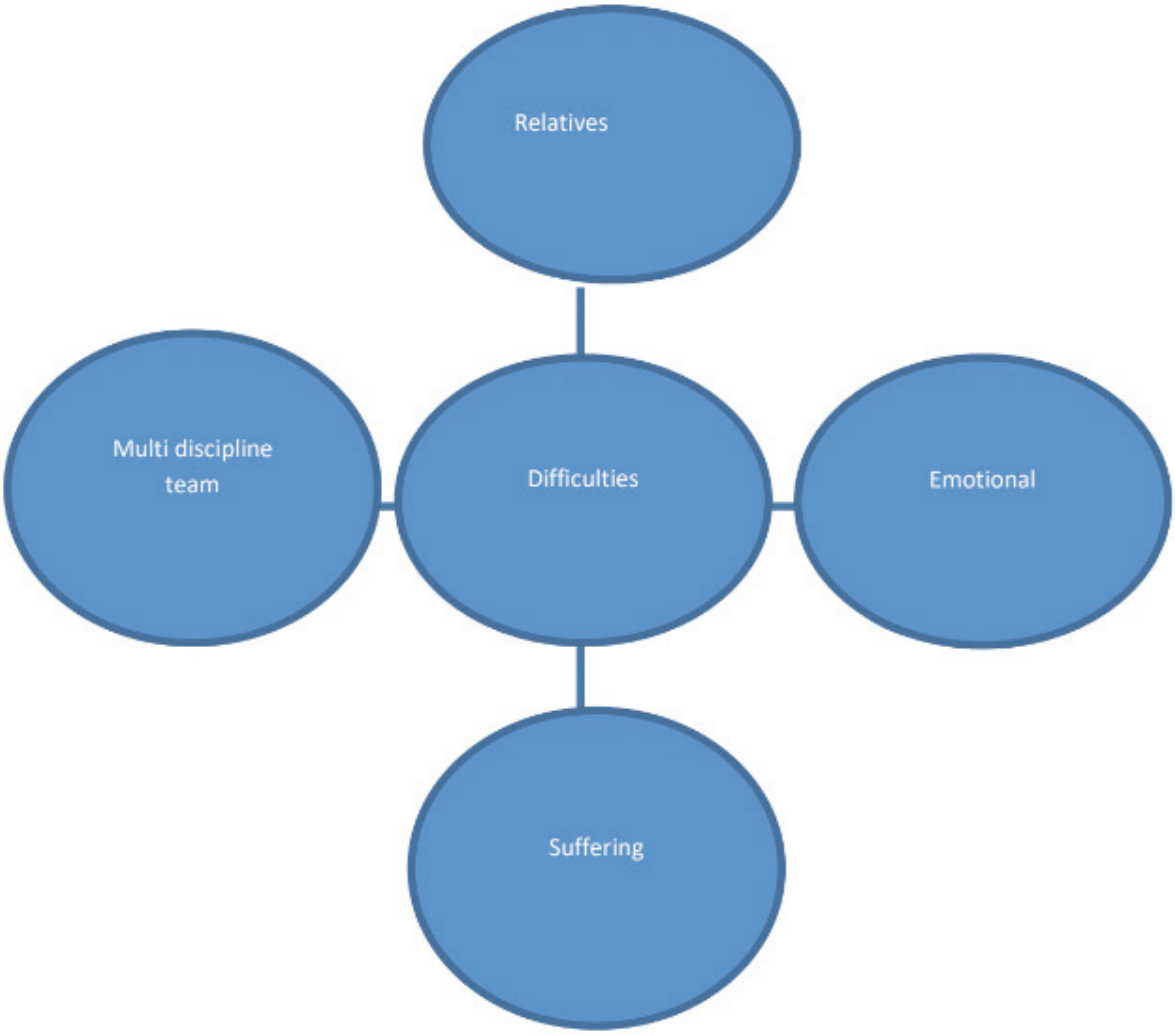

Figure 03. Diagram of the professionals' responses according to the difficulties in caring for the elderly who need palliative care. SP, 2015.

Source, authors, 2015.

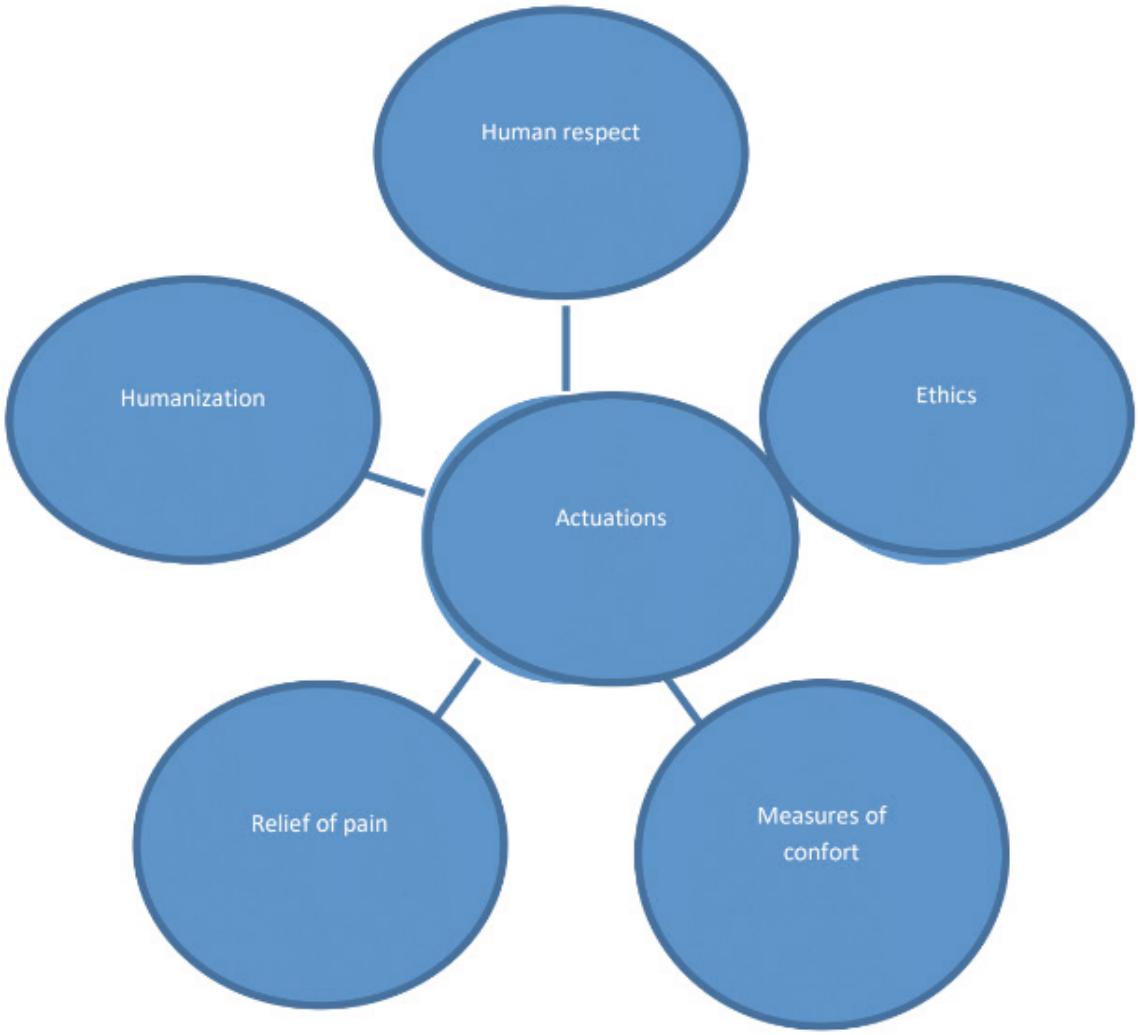

Figure 4. Diagram of the professionals' answers according to how they work in Palliative Care for the elderly and terminal phase. SP, 2015.

Source, authors, 2015.

questioned about the opinion of Palliative Care in terminally ill elderly, some central themes emerged, which gave rise to other categories.

Category 2 – In this Category, the subjects reported that Palliative Care for terminally ill elderly people is related to the natural cycle of life, humanized therapy, public health issues, comfort measures, differentiated care, humanized treatment, respect for privacy, comprehensive care, respect for limits of life, psychological support and symptom control.

> *"Even in the terminal phase of a disease, the patient's quality of life must be preserved". [...]* ***Turquesa***
>
> *[...] "reduce suffering, giving comfort to the patient and family"* ***Ágata.***
>
> *"Do not prolong and respect the limits of life".* ***Opala***
>
> *"They represent a public health issue". [...]* ***Topázio***
>
> *[...] "Respecting patient and family privacy." [...]* ***Ônix****.*
>
> *[...] "we must give maximum comfort".* ***Esmeralda***

According to the subjects' speeches, when asked about the difficulties in providing care for the elderly, some central themes emerged that allow evidence of some categories.

Category 3 – Based on these testimonies, the relevance given by the subjects regarding the difficulties of the team in the context of Palliative Care can be seen. Among them, eleven of the professionals report that this team is able to provide the elderly with a less painful death, however, it is important to emphasize that it is necessary to know who is involved, family, emotional, what are their abilities, their needs and limitations, therefore, palliative care involves actions based on knowledge and respect for the patient's and family's values. And four subjects report that they have no difficulties in this care for the elderly in the terminal phase.

> *"On the part of family members, their acceptance is more complex" [...]* ***Topázio.***
>
> *"Yes, in some cases not the patient, but some family members". [...]* ***Diamante.***
>
> *"Yes, because it involves many people, family members, professionals, not everyone acts or thinks the same way".* ***Quartzo***
>
> *"It is the care of a multidisciplinary team". [...].* ***Topázio***
>
> *"Yes, on the emotional side and family bond". [...]* ***Ágata***
>
> *"Yes, on the emotional side and family ties, especially when it comes to elderly people of advanced age". [...]* ***Cristal***
>
> *"Yes, due to the suffering in some cases it is difficult to act in situations where we cannot reverse the situation".* ***Esmeralda***
>
> *"Yes, with people's suffering, and sometimes we can't do anything".* ***Turquesa.***

Category 4 – The subjects in this category report their performance in Palliative Care for the elderly at the end of life, and consider comfort measures, symptom control, ethics, family support, psychological and emotional support, human respect, attention to spirituality, pain relief as relevant. Among them, six of the subjects refer that humanization is essential in this context.

> *" Nursing actions offering humanized treatment"* ***Safira***
>
> *[...] "perform actions with professional ethics, avoid practices such as euthanasia".* ***Turquesa***
>
> *"Carry out an ethical service". [...]* ***Esmeralda****.*
>
> *"It is a more intensive action aimed at*

*relieving pain". **Ônix***

*"Nursing actions is acting in pain". **Pérola***

*"To favor pain when necessary". **Cristal***

DISCUSSION

Palliative Care is a set of multidisciplinary actions that aim to control the symptoms of the body, mind, spirit and society; that afflict man in his finitude, that is, when his death approaches. Most of the time, the family is also embraced by the multidisciplinary team, as it shares the patient's suffering. [1,11,12].

Pain is an unpleasant sensory and emotional experience, usually triggered by tissue injury or attributed to it. As there is no biological marker to measure its intensity, we must use strategies that allow quantifying and evaluating the result of the proposed treatment, although the most effective method that evidences pain and its intensity is information by the patient on how he describes and perceives it. [13,14].

Comfort is the immediate experience of being empowered by having the needs for relief, tranquility and transcendence satisfied in four contexts (physical, psycho, spiritual, social and environmental). It is much more than the absence of pain or other physical discomfort. [15,16].

According to some authors, palliative care is practiced by a multidisciplinary team, consisting of health professionals who work together, with the aim of aiding the patient and family, which meets their needs, as prescribed by the philosophy of palliative care. [17,18].

To humanize is to become human and sympathize, that is, to put yourself in the other's place, regardless of your social class, race, color, religion, to see the patient as a whole [17,19].

´With regard to suffering, it is inherent to human beings, therefore, caring for patients with progressive diseases with no possibility of cure often means dealing with symptoms associated with suffering, in which pain stands out as the most common symptom. [20,21].

According to some authors, finitude in the elderly occurs slowly, and in some cases with a lot of physical, mental, social, emotional and spiritual suffering and this becomes one of the most valued themes by gerontology and a source of great concern for part of researchers, especially when people call this event normal and due to the aging process [22,23,24].

Suffering is defined as a state of severe stress associated with events that threaten the integrity of each person, which affects people in all their complexity, and can occur in the social, family, physical, emotional and spiritual dimensions. [1,10,22].

The practices involved aim to affirm life and face dying as a normal process, without advancing or hastening terminality, alleviating pain and other uncomfortable symptoms, in addition to integrating psychosocial and spiritual aspects in care, offering the client conditions to live as actively as possible. possible until death [22,23,25].

With the increase in the elderly population in Brazil, aging becomes a challenge to public health, requiring the development of care models aimed at the needs of the elderly, since these will allow the identification of demands, creation of services, establishment of Intersectoral networks and integrated management of chronic care [26,27].

Comfort is the immediate experience of being empowered by having the needs for relief, tranquility and transcendence satisfied in four contexts (physical, psycho, spiritual, social and environmental). It is much more than the absence of pain or other physical discomfort. [7,12].

Palliative care considers the family as a unit of care that must also receive assistance throughout the patient's follow-up time and even after his death, during the mourning period. [24,27].

The family is the social cell, through which the formation of each one begins and is the main most important reference until the adult phase. She will be present and involved until the end of her life. [3,8].

These feelings were also related to finding a meaning for what one does and assigning a meaning to suffering, and it can be inferred that, even in the face of the awareness that death is inevitable, for caregivers something can be done, such as, offer dignity to the patient during his dying process [12,17].

Humanization is seeing and considering the human being from a global perspective, seeking to overcome the fragmentation of care, one of the aspects involving this practice is related to the way we deal with the other. One of the characteristics of the health work process is the very intense personal interrelationship, this characteristic implies making a difference in the way we deal with others, treating them with dignity and respect, valuing their fears, thoughts, feelings, values and beliefs [25,27,28].

The ethics of palliative care are completely opposed to euthanasia (passive or assisted abbreviation of life) and dysthanasia (useless extension of life) often performed in hospitals, often performed due to ethical lack of preparation and therapeutic obstinacy common in contemporary life. Palliative care is identified with the concept of orthothanasia (good death) insofar as it believes in maintaining life within a context of well-being and denies the indiscriminate introduction of techniques to the patient outside of therapeutic possibilities [15, 26,27].

FINAL CONSIDERATIONS

Through the results of this study, it was possible to describe and understand the actions and perceptions of the nursing team in the elderly in their finitude, the results of the research showed that the nursing team is not yet prepared to act in front of the elderly in a terminal phase, that is, facing death. The nursing professional must keep in mind that we must not admit that just because there is no cure and that the patient is heading towards the end of life, it does not mean that there is nothing else to do. On the contrary, countless possibilities may arise to be offered to the patient and his family, such as their autonomy, choices and desires.

In this sense, it is worth noting that the nursing professionals who participated in this study highlighted the appreciation of the humanization of palliative care, patient comfort, pain relief, in addition to the importance of the family, throughout the therapeutic process and the agreement that Terminally ill patients need psychological and spiritual support at this time.

In addition, the nursing team's relationship with the patient and their family members is difficult, but it is extremely necessary, as they deal with patients coming in and out on a daily basis and among these are patients beyond therapeutic possibilities, generating a conflict of feelings. We perceive the need to be constantly working with the health team, taking care of those who care, mainly with regard to the elderly, the end of life and death and terminal patients, as new challenges and obstacles arise in the face of this issue to better deal with it. with their doubts and feelings in the face of these situations, ensuring better quality in nursing care.

Finally, it was observed with this study that it is of fundamental importance, as it contributes directly to the preparation of professionals in dealing with death, since the vast majority demonstrated through it, difficulty and often do not find adequate support, mainly psychological, in the work environment using their own experiences to better accompany the process of finitude. And that taking care of terminally ill patients

requires much more than technical-scientific knowledge, it requires a deep understanding of their individuality, of the other, of the pain of others based on an interpersonal relationship of appreciation of the human person, consequently contributing to the process of humanization of palliative care.

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