

PALLIATIVE CARE THE IMPORTANCE OF FAMILY AND COMMUNITY MEDICINE IN PALLIATIVE CARE

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INTRODUCTION

Some diseases have no prognosis for cure, with death as their premeditated outcome. However, this does not mean that nothing can be done for this terminal patient. Therefore, a new care approach called Palliative Care (PC) emerged designed to care for and minimize the suffering of those who were previously disillusioned and under-assisted. Its approach to family and community medicine (FCM) is of great value, as it is an area that allows a strong bond with the patient and their family, in addition to the professional knowing the daily life, needs and difficulties faced by those receiving care; however, the number of multidisciplinary team professionals truly qualified to serve and understand this group in its biopsychosocial entirety is still scarce.

OBJECTIVE

Demonstrate the importance of family and community medicine in palliative care.

METHODOLOGY

A systematic literature review was used, selecting 3 articles in Portuguese in the years 2016 and 2019 dealing with the role of family and community medicine in the implementation of palliative care. The descriptor was searched: "Palliative care". Relevant articles that met the inclusion criteria were considered: more recent articles, which addressed palliative care in Family and Community Medicine within the scope of Primary Health Care (PHC). Excluding those of less relevance and those that referred to other levels of care.

RESULTS/DISCUSSION

PC is a way of approaching not only the patient, but also their entire support network (family and caregivers), in order to obtain an improvement in the quality of life in the face of a life-threatening disease, with the objective of achieving the identification and early approach to the treatment of pain and other physical, social and spiritual difficulties. With the bond created in PHC, some issues can be addressed with greater confidence and support, allowing the understanding of PC as an instrument that aims to provide quality of life, and making it clear that decisions about treatment will be made ethically, ensuring that Decisions are made by mutual agreement, respecting the wishes of the patient and family. Furthermore, the home visit has great value in this approach, as it generates comfort for the patient and makes it possible to observe their daily living environment, and, for this to occur with quality, it is necessary for health professionals to have flexible schedules and organization, having in view of the seriousness of the condition and high demand, both due to the health situation and the doubts and anguish of those assisted. Furthermore, the bond must be maintained until after the patient's death, as the mental health of family members and caregivers must be taken care of. **CONCLUSION:** The MFC is of great importance in the PC axis, because it can be inserted more easily into the lives and daily lives of patients and their support network, identifying difficulties and needs more effectively and quickly. Therefore, an approach to the topic in the training of Family and Community Doctors is of fundamental importance in order to promote quality of life at the end of life in this context.

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