

SINGULAR THERAPEUTIC PROJECT (PTS): FAMILY CAREGIVER'S RELATIONSHIP WITH THE BEED-BED PATIENT

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Abstract: **1. Introduction:** To care involves assistance and protection for well-being, but imbalances, such as neglect, deteriorate the quality of care. From this perspective, caregivers for the elderly – formal and informal – face significant challenges, which, in addition to involving resignation and commitment, can generate changes in lifestyle, resulting in overload for these professionals. **2. Goal:** Report the experience of medical students regarding the relationship between the caregiver and the bedridden patient, identifying the impacts and challenges of this relationship. **3. Experience Report:** Fourth period medical students participated in inclusive work, aimed at building a Unique Therapeutic Project (PTS). Through home visits, integration with the responsible health unit, through meetings, and the construction of intervention plans, the students sought to understand the family context, identify their needs and propose improvements, based on the uniqueness of that scenario: the patient, a bedridden lady, whose son, an equally elderly man, was her caregiver. **4. Reflection on the experience:** Participating in this project provided a deeper understanding of the importance of PTS, combined with routine home visits, in promoting reception and care. However, in addition to looking at this tool, the activity in question highlighted the relationship between patient and caregiver, allowing the understanding that its imbalance compromises the quality of life of both subjects. **5. Conclusion:** Home visits emerge as a sine qua non tool for medical training, given that it encourages students to adopt behaviors consistent with medicine: active listening, acceptance, empathy and respect. Furthermore, the PTS, as a whole, contributes to the sedimentation of these attributes, as it transforms the student, an observer and passive, into a central and active subject, capable of understanding the individuality

of each family nucleus and, consequently, promoting guidance and adequate care.

Keywords: Home visit; Bedridden Person; Caregiver; Student.

INTRODUCTION

The act of caring comprises a complex and multidimensional approach that encompasses aiding and protection to someone, with a view to their well-being. However, when there is an imbalance in this relationship, whether due to negligence or lack of reciprocity, wear and tear takes precedence over harmony, directly contributing to the deterioration of the quality of care and the patient's worsening condition.¹ In this context, the role of elderly caregivers stands out. Responsible for administering medications, ensuring adequate nutrition and providing personal care to the patient, caregivers can be classified into two groups: formal ones, who are paid to perform this role, and informal ones, usually family members, who dedicate themselves voluntarily.^{2,3} However, regardless of the modality, the decision to become a caregiver often involves significant, challenging and arduous changes, requiring deep commitment and resignation in relation to personal life³. Furthermore, when related to lifestyle, they lead to new and complex circumstances that can trigger significant overload, especially in the socio-psychological aspect of the professional⁴.

GOAL

To report the experience of medical students regarding the relationship between the caregiver and the bedridden patient, identifying the impacts and challenges of this relationship.

EXPERIENCE REPORT

During our fourth period, the main purpose of the Community Integration Program (PIC) discipline was the development of a Unique Therapeutic Project (PTS) for one of the families assisted by the Family Health Strategy (ESF). As a result, we initially had the opportunity to participate in training on the importance of this instrument, that is: the creation of care plans that address the specific needs of each patient, respecting their singularities and dividing responsibilities between everyone involved. Thus, on our first visit, we met the patient I.S.F.S, 88 years old, and were welcomed by her son A.A.F.S, 67 years old. By talking extensively with him, we were able to understand the history of that family nucleus. The mother, who had been bedridden for a few years, was a lady who had some memory lapses and had been diagnosed with a neoplasm in her left breast. Her son, elderly and suffering from depression, was her support. Under her supervision were the care of the patient and the maintenance of the residence, since, although he was not solely responsible, the sisters were absent. Sporadically, she received visits from a friend, L.B, her grandson, daughter-in-law and great-granddaughter and, with some frequency, treatment at the Hospital de Base de São José do Rio Preto. Furthermore, the son was also undergoing psychiatric care in the same city. As we got closer to that family, we were able to identify the difficulties that surrounded them and, therefore, develop intervention proposals. In the first place, due to the mother's limited mobility, we suggested activities with massage balls, changes in position to avoid pressure injuries (PPI) and the use of a bath chair, in order to facilitate the caregiver's work. Furthermore, as we built the PTS, we sought, together with the local health unit, to compose viable solutions. This way, through the creation of a genogram and an ecopama,

we explain, in a team meeting, the observed scenario and, based on its weaknesses, we, students and health professionals, propose improvements, such as: more meetings with the physiotherapist, the acquisition of part of the medicines in the public network, the use of an egg crate mattress, in order to reduce bodily injuries resulting from a sedentary lifestyle, and monitoring the child with a general practitioner. However, due to the resistance present, only a few proposals were accepted – the mattress and consultation with a general practitioner. Furthermore, it is worth highlighting that, despite all the adversities faced, during the first and subsequent visits, we always perceived a simple and harmonious environment. In that home, suffering and sadness were constantly combated by the affection, dedication, commitment and love between mother and child. Finally, we observed that both received all the support and assistance from the health unit, but that the existence of family distance was the main obstacle to the well-being of that nucleus, as it directly contributed to the wear and tear and emotional overload of the caregiver, implying on the patient's and his quality of life.

REFLECTION ON THE EXPERIENCE

Contact with the reality presented leads to reflections on the emotional condition of the family caregiver. The bedridden patient usually needs the help and attention of relatives: usually husbands, wives or children⁵.

However, when exercised by just one person and neglected by others, a scenario of care overload is generated that affects the relationship between those involved and leads to the emergence of emotional, physical, economic and social disorders in the caregiver.^{5;6} Furthermore, there is the expression of antagonistic feelings: if, on the one hand,

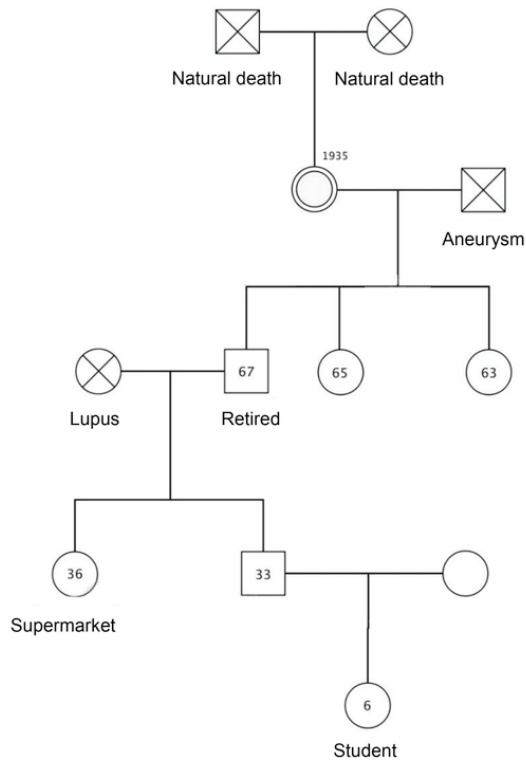


Figure 1: Genogram of the reported case, constructed according to the document “Home Care Notebook” from the Ministry of Health – São José do Rio Preto/SP, 2023.

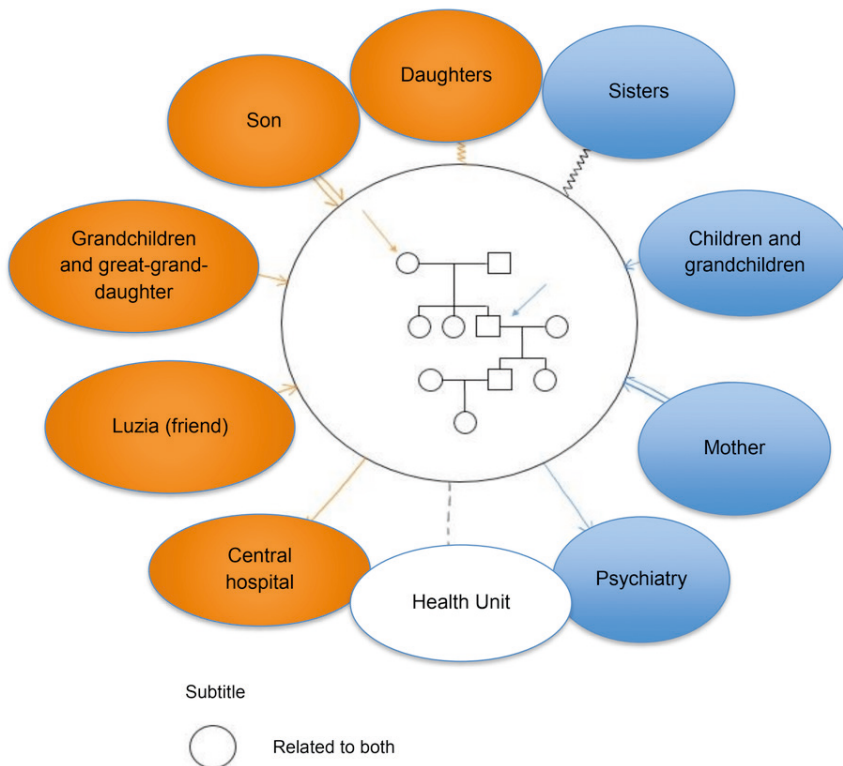


Figure 2: Ecomap of the reported case, constructed according to the document “Home Care Notebook” from the Ministry of Health – São José do Rio Preto/SP, 2023.

compassion and tenderness for the patient flourish, on the other hand, uncertainty, anguish and concerns regarding the ability to provide care grow⁷.

CONCLUSION OR RECOMMENDATIONS

The home visit allows the medical student to make critical reflections about the application of SUS principles in real practice and to build transversal relationships with other academics, patients and the healthcare team. Furthermore, this experience constitutes a strategy for humanizing teaching, since students, by recognizing and understanding the diverse social, economic and cultural realities of the population, are sensitized

and encouraged to develop essential skills for professional practice, such as empathy, respect and promotion of comprehensive and unique care. From this perspective, the PTS is able to identify the specificities of the subjects and collaborate to improve the quality of life, considering that assistance is not restricted only to the clinical sphere, but also involves the creation of a network of support and understanding as part of integral part of this process. Paraphrasing the Poet of small texts, Manoel de Barros, in medicine, as well as in poetry, the importance of something is not measured by books or theories, but by the enchantment produced, as it is from this that we become more deeply interested in others, to the point to cultivate the need to do good to those in need.

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