

## **PALLIATIVE CARE IN PRIMARY HEALTH CARE: TEAM COMPETENCE**

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**Abstract:** Palliative care (PC) must be evaluated as a need in the public health service, due to the increase in chronic non-communicable diseases (NCDs), which have a large increase in Primary Health Care (PHC) such as hypertension, diabetes, bedridden and among others. other health conditions.

**Objective:** to analyze the knowledge of the Basic Health Unit Teams working in PHC, each one in their respective roles and basic training in approaching patients who are elected to Palliative Care and what are their difficulties in carrying it out. **Methodology:** This is a bibliographic review of articles from the last 5 years, carried out searches in the databases: Scielo, MedLine, LILACS, BDENF, Bvsalud. Used Boolean operators AND, finding 43 articles in Portuguese. **Results and discussion:** This is a topic that we believe is opportune for better understanding of professionals in relation to their roles and reflects the need to search for knowledge about care in addition to humanized care and gain mastery over Palliative Care in the practice of PHC. Conclusion: Continuing education in PHC on Palliative Care is necessary to be effective in its performance, having proven that it is the best time for the health care network to start PC.

**Keywords:** Palliative care, Primary health care, Humanization.

## INTRODUCTION

Palliative care is a set of care provided by a multidisciplinary team to promote the well-being of patients who have a chronic pathology, aiming to increase quality of life, promote pain relief, reduce suffering, use spiritual issues with a welcoming look and greater sensitivity, remembering that PC extends to the family even after the death of the palliative patient (MELO, 2021).

It is important to say that palliative care does not mean that the individual needs to

be in the final stage of life or cancer, when we say chronic diseases we are talking about diabetes mellitus, high blood pressure, cardiomyopathy, bedridden patients, paralysis and several other diseases with a high level of attention. basic in Brazil. The effectiveness of PC is greater when started early, identifying the individual as palliative soon after diagnosis, thus minimizing suffering (JUNGES, 2022).

Palliative Care is not an alternative to treatment, but rather a complementary and vital part of the patient's entire follow-up. SAUNDERS, Cicely.

The basis of PC is quality communication and it is only possible to have quality communication when there is knowledge of the subject, training and support for the entire team that deals directly and primarily with these patients and their families (SANTOS, et al; 2021). It is necessary to talk about dying, the finiteness of life and mourning, as modern medicine, with the increase in technology and scientific evolution, has brought an increase in life expectancy, leading to the topic of death being seen as an error or failure of Science, the denial of death does not allow us to work on the pain of mourning as a natural and inevitable event when we are alive (JUNGES, 2022).

This model is called biologicist, where the focus is to cure only the physical illness and not treat the patient as someone who has fears, anguish, pain in the soul that affects the body directly and the evolution of their physical problem (RIBEIRO, POLES, 2019).

The objective of this work is to carry out a survey through a bibliographical review of published scientific works to find out how much multidisciplinary teams working in primary health care know about Palliative Care and its difficulties in caring for patients who are on PC, the how much they understand their roles according to their professional training and their influence on the correct

application of the topic covered in our work.

## METHODOLOGY

This is a bibliographic review study in which a search was carried out in the databases Scientific Electronic Library Online (SciELO), MedLine, Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Bvsalud. In order to find a greater number of data, the Boolean operator “AND” was used in combination with the controlled descriptors contained in the Health Sciences Descriptors (DeCS) of all articles in Portuguese, with the following combinations (“palliative care”) AND (“primary health care”) AND (la: (“pt”) AND (year\_cluster:[2018 TO 2023])). A total of 43 complete articles were found in Portuguese.

## RESULTS AND DISCUSSION

Harmony between the PHC team is necessary and of great importance when carrying out palliative care, as well as continuing education for these professionals (SANTOS, et al., 2021). Each professional has a fundamental role in this process, the Community Health Agent (CHA) deals directly with patients and families when they make home visits and when trained in PC, they understand the physical and emotional situation of that family and recognize a patient in need of PC, and are able to have a correct approach to the situation, in addition to greater knowledge on how to pass the case on to doctors, nurses and the entire team that has that family in their areas (SANTOS, et al., 2021).

Nursing has great relevance, they are often the first contact in healthcare, a good reference and counter-referral establishes a positive bond with the patient and family, the PHC manager is generally a professional nurse who is responsible for organizing team meetings to align the activities, when this person has

mastery of the CP, it is their role to plan and discuss what will be the best action to be taken with these palliatives (DA SILVA OLIVEIRA, et al. 2021).

The doctor has a great influence on the team and their patients, it is very important that doctors in the Family Health Strategy (ESF) have positive relationships in their work, good communication and mastery of humanization topics (RIBEIRO, POLES, 2019).

Among the articles used for this study, they showed that most doctors, including those from the ESF, have a very mistaken definition of what palliative care is and what it represents, but in common they all report the difficulty in using PC due to lack of training, and inputs needed by the Unified Health System (SUS), among these inputs are medications not available in the public network to reduce the patient's pain, and give them comfort (RIBEIRO, POLES, 2019).

It was observed that the majority of health professionals, including nurses, nursing technicians, doctors, do not know how to choose a patient as palliative due to the lack of understanding about what palliative care is and its scope for each disease that requires PC (PARAIZO-HORVATH, et al., 2022).

Caregivers of palliative patients report that emotional, social and physical repercussions are the ones that most affect them, such as: tiredness, depression, fear, decreased social interactions, insomnia and others. With the installation of the CP, they had their doubts clarified, someone to listen to their frustrations and difficulties, always taking into consideration, their spiritual and religious relationships, which help them a lot as support in this process, in addition to the fact that the home care network reduces the burden of intra-hospitalization. hospital, the institutionalization of patients so that they can be in the comfort of their home, bringing humanization of care and making

it comprehensive (GUERRA, et al.,2020). It has been proven that a large number of these caregivers who, without due support from PC, develop depressive and anxiety disorders, subsequently leading to becoming psychiatric patients in PHC (GUERRA, et al.,2020)

Human suffering is only intolerable when no one cares. SAUNDERS, Cicely.

## **CONCLUSION**

Continuing education is necessary to carry out palliative care effectively, team meetings to answer questions and discuss actions, it has been proven that primary health care is the best place to recognize a palliative patient and initiate care to provide a better quality of life and death. The relationship between ESF professionals who have frequent contact with the family and the community, patients with diseases such as dementia or those that supposedly lead to life shortening, home care provides comfort to the patient being in their family environment and with the assistance from the PHC team reduces suffering, being medicated for their pain providing comfort, a doctor nearby who can guide the needs of these families.

It is important to highlight that PC must not only be considered at the end of life, as it is preventive care, this is a process to be worked on. Health professionals have been trained with the vision of illness and cure, so having to deal with palliative patients and often without due preparation, generates a high emotional burden where the professional is unable to deal with the patient's finite life, this has been one of the difficulties reported by them.

The installation of continuing education must be integrated and articulated with PHC and the health care network to ensure good communication between professionals, forming a support network for both professionals and families and palliative patients. In these ongoing trainings, topics

are mandatory for professionals to learn how to deal with their emotional burdens with cases, such as telling the truth to the patient, veiled silence, empathetic and humanized communication that consequently has a therapeutic form.

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