

# Multiprofessional Residency in Oncology and Social Work: Trends and Challenges in the COVID-19 Pandemic Period

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*Residência Multiprofissional em Oncologia e Serviço Social: Tendências e Desafios em Tempos de Pandemia da Covid-19*  
*Residencia Multiprofesional en Oncología y Trabajo Social: Tendencias y Desafíos en Tiempos de Pandemia de Covid-19*

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## INTRODUCTION

The year is 2020. A pandemic caused by the severe acute respiratory syndrome coronavirus 2 – Sars-CoV-2 is ongoing and caused the coronavirus disease 2019 – COVID-19<sup>1</sup>, crossing frontiers and spreading at different levels in Brazil and in the world. The individual assisted by Social Service of a health institution specialized in oncologic treatment has cancer (a set of more than 100 diseases), which already makes its health vulnerable, depending on the level of the neoplasm in the scenario of the COVID-19 severe infection.

According to the mapping of the Brazilian Association of Teaching and Research in Social Service (ABEPSS) of 2018<sup>2</sup>, there are 23 health institutions that offer Programs of Multi-professional Residency in Oncology as ruled in Law number 11,129, dated June 30, 2005<sup>3</sup> creating the Health Professional Residency and the National Commission of Health Multi-professional Residency (CNRMS). The program consists in the post-graduation *lato sensu* course covering several health-related professions as Social Service which is included in Interministerial Directive MEC/MS number 1,077 of November 12, 2009<sup>4</sup> and rules about the Health Multi-professional Residency and Health Professional Residency. In addition, it created the National Scholarships Program for Multi-professional and for Health Professional Residencies and CNRMS. The Social Service residents wrote this article based in the field experience in an oncological reference hospital in Brazil with consultations to users and relations with the multi-professional team.

With this, the main steering axis is the integration “teaching-service-community”, that is, resident social workers and other categories as Psychology, Nursing, Pharmacy, etc. are in the pedagogic process of specialization

in their practice based in the consultations of SUS (National Health System) users and its relation with the multi-professional team.

According to Bravo and Matos<sup>5</sup>, since the decade of 1980, with the redemocratization of Brazil, Social Service corroborates and is aligned with the principles and guidelines of Law number 8,080 dated September 19, 1990<sup>6</sup>. In fact, the renewal and maturity of the profession occur at that time together with the Movement of Sanitary Reform for the consolidation of SUS in the Federal Constitution of 1988<sup>7</sup>.

Therefore, pursuant to the Code of Ethics of 1993 of the Federal Council of Social Service<sup>8</sup>, there are principles matched to SUS, as democratization and universalization of access to public services, equity and social justice of the consultations without discrimination of race, gender and class and the integrality, as an organized referral network care to the individuals of low, medium and high complexity health services and their return to their origin basic health unit.

Consequently, because of the convergence of political projects, the resident social workers contribute together with the social workers of the institution in defense of SUS and access to information, as social rights of the patients and their families. Thus, mainly in times where governments declare public calamity because of the pandemic, the demands and necessity of clear, objective and firm orientations increase exponentially.

Therefore, the user that seeks for social services belongs mostly to the working class which has been harmed and affected in the several work fronts during the pandemic. Because of the public calamity status and sanitary recommendations<sup>9</sup>, several companies had to close their doors, creating a substantial wave of unemployment, salary reduction and discontinuation of contracts, in addition

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to the strong impact in the informal workers who will not be granted labor and social security rights<sup>10</sup>. The only protective action agreed with the Federal Government was the emergency aid ruled by Law number 13,982 dated April 2, 2020<sup>11</sup>, establishing measures to cope with the health emergency caused by COVID-19.

These workers and unemployed seek Social Service asking for support to obtain social assistance in order to ensure the minimum resources to meet their immediate necessities, as food, for instance. In the context of consultations to patients of the oncologic hospital, the third sector becomes an invaluable partner – institution responsible for the promotion of voluntary actions for the patients – with donations that favor the access to food and transportation vouchers (when public transportation is unfeasible) to ensure the adherence to the treatment.

## DEVELOPMENT

### SOCIAL SERVICE IN MULTI-PROFESSIONAL RESIDENCY IN ONCOLOGY IN THE CONTEXT OF COVID-19 PANDEMIC: SOME COMMENTS

This article has as main goal to address changes of the operational flow of the Social Service of an oncologic hospital in the origin areas of Pediatrics, Head and Neck, Abdomen, Urology Oncology, Hematology, Chest, etc. Nonetheless, in pandemic times, the performance of social workers was modified and adjusted to meet all the patients' and their families demands – including the most urgent – who were admitted to the hospital. So far, the Coordination of the Social Service decided that the professionals and residents should work in established schedules to reduce the circulation of individuals in the institution; also, they would be assigned to the outpatient and infirmary (COVID-free) – coronavirus-free spreading – still in the same clinic. Therefore, the sector started to consult the patients continuously and spontaneously without prior scheduling to avoid the use of public transportation.

In the pandemic context, difficulties in accessing several services were detected because sectors were closed, and technical and professional staff reduced. As social workers, one of the great difficulties has been to pursue alternatives and sources to avoid discontinuation of the treatment. Public transportation was hugely affected and became a great obstacle for the patients to reach the hospital.

Other services and programs were as much impacted as well, specially offices to apply for social-vouchers and family clinics to apply for Riocard Special, and so far, these services were closed and without notice of reopening. Many patients and their companions had to choose to buy food or pay transportation to reach the oncology treatment

facilities. In addition, those who lived in municipalities out of Rio de Janeiro have difficulties to use the legal disposition created by Directive MS/SAS number 55 dated February 24, 1999<sup>12</sup>, which is the Treatment Out of Domicile (TFD).

The following strategies were created: investigate contact telephone numbers and emails of the Health Secretaries of each municipality, what are the family clinics in operation to obtain Riocard Special, verify whether hospital oncologic patients are not compelled to show their social-vouchers in transportation to reach the treatment facilities, among other questions that impact the continuation and adherence to the treatment.

Additionally, it is noticeable the huge contribution of the philanthropic institution and the partnership with the hospital to social work to favor the continuation of the oncologic treatment with support for transportation vouchers when the State offers no other alternative to ensure the promotion and cancer control in times of pandemic. It is part of the institutional work to evaluate the necessity of providing food support as a donation of this same institution. As SUS Social Workers and health professionals it is understood the wide concept of health as a result of several social determinants (food, education, environment, transportation, income, work etc.) as recorded in the Annals of the 8<sup>th</sup> National Health Conference (CNS) of 1986<sup>13</sup> and in article 3<sup>rd</sup>. of Law number 8,080<sup>6</sup>, to contribute for the oncologic control and treatment.

While analyzing the pandemic context within the current neoliberal ideology social system with reduction of State public policies and capital domination, it is seen that these aspects are intensified in times of COVID-19. And how this happens? In providing emergency support mechanically and focalized with limited eligibility criteria, heavy bureaucracy and technology to grant access, making this mass of explored unable in fact to obtain this support. It was granted exclusively through an applicative created by the Federal Government compelling the user to have a mobile phone and Internet in addition to understanding how this applicative worked.

Further to this, users have to go through innumerable bureaucracies that blocked them from obtaining support such as irregularities of the Individual Registry, the national work card indicating the individual was employed, technical flaws of the applicative, non-payer of social security, necessity to be registered at Single Registry (CadÚnico) etc. Therefore, the social workers of the oncologic hospital together with the Social Service residents tried to contact the State's Public Defender Office of Rio de Janeiro (DPRJ) attempting to obtain collaboration to resolve the emergency for the patients and

their families which were “in review” or were denied. It is correct to emphasize that most users had no income and survived with donations and help from third parties when, actually, they should be receiving this support approved by the Brazilian Government.

## CONCLUSION

The importance of Social Service is being the bridge among several protective and assistance mechanisms and the user who is already in a complex process of sickening whose social, psychological, economic reality and the entire array of social determinants change, given the death risk this disease brings. In addition, cancer comes into the life of many patients in the pandemic context, creating an even greater impact in their lives.

For Social Service residents of the reference oncologic hospital in Brazil still in the learning process and specialization about the Policies and Social Rights of Social Security, specific legislations of the National Cancer Policy and its applicability and understanding of the institutional flow of providing care to the users, there is the necessity of constant updating in this moment, including the information which sometimes are unreliable in relation to regularity and materialization.

Therefore, as health professionals, it is necessary to offer quality services for the users of SUS oncologic hospital and contribute for the affirmation that the State should prevent, promote and protect health collectively and universally. It is understandable that various will be the challenges, particularly in what concerns the gradual reopening of the sectors and the required reorganization of the consultations in concurrence with the oncologic treatment related services and programs.

## CONTRIBUTIONS

Both authors contributed substantially in all the stages of the article and approved the final version to be published.

## DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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