National Palliative Care Policy: Challenges of Professional Qualification in Palliative Care in Brazil

https://doi.org/10.32635/2176-9745.RBC.2024v70n3.4753

INTRODUCTION

The National Policy of Palliative Care under the purview of the National Health System was published by the Ministry of Health on May 22, 2024. Its main goal is to offer health actions and services that ensure dignified life and death to individuals with life-threatening diseases or conditions by relieving pain, physical, psychoemotional, spiritual and social suffering and other symptoms in addition to their family/caregivers. Until 2019, only 50% of the countries had palliative care policies in place.

In order to promote quality of life and death (multidimensional outcomes), health professionals – physicians, nurses, physiotherapists, occupational therapists, psychologists, nutritionists, speech therapists, social workers, spiritual counsellors, surgeon-dentists, pharmacists among others – must be qualified to offer integrated actions at different layers of complexity including sociocultural aspects further to biography and values matched to the course of the disease (including individuals with prolonged survival and those at end-of-life care). However, gaps of palliative care qualification can be found worldwide.

Given the evident fragility of palliative care education and training in Brazil, one of the 15 guidelines of the National Policy of Palliative Care addresses the strengthening of the production and dissemination of knowledge, innovation and evolution of scientific and technological progress of palliative care by liaising government, universities and research and/or development institutions (Figure 1).

Figure 1. Guidelines of the National Policy of Palliative Care1 highlighting qualification actions

Note: Translation of the two topics highlighted: XI – foster palliative care educational strategies; XV – foster the production and dissemination of knowledge, innovation and scientific and technological development in palliative care by liaising government, universities and/or development institutions.

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DEVELOPMENT

Palliative care encompasses patient-centered multi-professional teams committed with individual suffering arising from severe diseases and not only with the illness, but full care for physical, mental, spiritual and social aspects, demanding knowledge complementation and responsibilities sharing. The effective implementation of the National Policy of Palliative Care requires that health professionals expand their communication knowledge and skills, relief of physical discomfort and willingness to address emotional issues (personal and of those who are being cared) among others.

Any health professional aware of the core principles of palliation, known as primary palliative care should be able to offer this approach. Whether more complex conditions emerge, the patients should be conducted to higher assistance levels with specialist palliative care professionals.

However, the clear lack of skilled professionals is but one of the challenges the Policy has exposed, further to specialized teachers and poor teaching material, which one of the challenges the Policy has exposed, further to specialized teachers and poor teaching material. The effective implementation of the National Policy of Palliative Care requires that health professionals expand their communication knowledge and skills, relief of physical discomfort and willingness to address emotional issues (personal and of those who are being cared) among others.

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Traditional education is contrasted with teacher-centered and content transmission. Educational programs of this nature can offer unprecedented opportunities to stimulate the reflection on learning of themes that ratify the promotion of quality of life and death, standing out the principles of palliative care, self-care and compassion. In addition, they allow the involvement of the players to actively overcome the barriers to promote relief of individual, family and caretakers suffering associated with end-of-life severe disease or conditions.

Additionally, education for health is necessary for everyone, because it is paramount to humanize the concept the current society has that talking about death is banned. The proposal of Kovács in “Educação para a morte – Proposta para o século XXI” is listed below (Figure 2):

1. Discuss death in schools: develop discussions and educational activities about death and grief involving teachers and students; deal with children and adolescents living through loss and grief; present, discuss and qualify teachers to use films and videos about death.
2. Talk about death with lay audience: foster reflections about concepts and theories about death in communal spaces as health units, libraries, schools, universities, churches.
3. Advise the media in addressing death: debate and guide the disclosure of news involving loss and death to circumvent the banalization of these themes and presentations should be followed by some moments of reflection and possible debate. Find manners to show death less conspicuously and not only to grow the
CONCLUSION

Due to the increased prevalence of life-threatening diseases, the recent publication of the National Policy of Palliative Care and the paramount necessity of expanding the knowledge and practices of this type of care, fast and effective palliative care education are of essence in Brazil.

CONTRIBUTIONS

Manuela Samir Maciel Salman, Lívia Costa de Oliveira, Maria Fernanda da Cunha Cassavia and Liz Bryan contributed to the study design, acquisition, analysis and interpretation of the data, wording and critical review. Bárbara Cury Soubhia Salman and Amirah Adnan Salman contributed to the acquisition, analysis and interpretation of the data, wording and critical review. The authors approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

FUNDING SOURCES

None.

REFERENCES


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