

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

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Política Nacional de Cuidados Paliativos: Desafios da Qualificação Profissional em Cuidados Paliativos no Brasil
 Política Nacional de Cuidados Paliativos: Desafios de la Calificación Profesional en Cuidados Paliativos en el Brasil

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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, 2024¹. 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 place².

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 worldwide³.

Given the evident fragility of palliative care education and training in Brazil⁴, one of the 15 guidelines of the National Policy of Palliative Care¹ 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 institutions¹ (Figure 1).

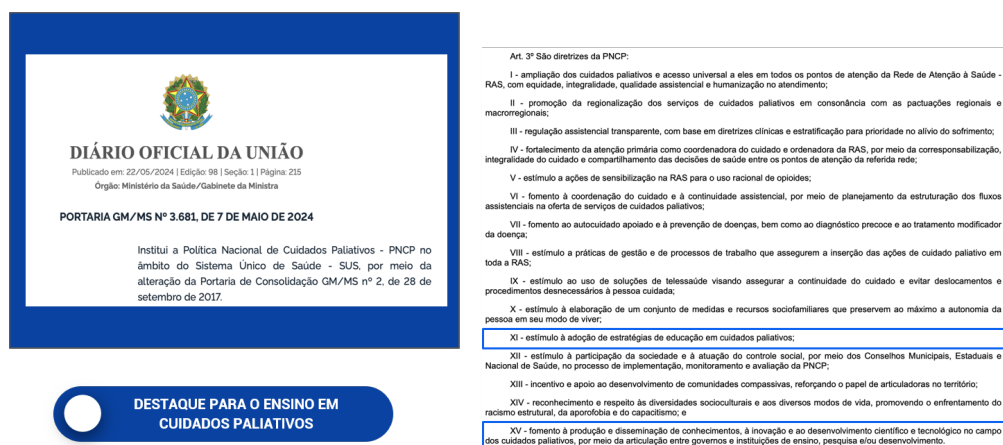


Figure 1. Guidelines of the National Policy of Palliative Care¹ highlighting qualification actions

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, research 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 sharing⁵. The effective implementation of the National Policy of Palliative Care¹ 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^{6,7}.

Any health professional aware of the core principles of palliation, known as primary palliative care should be able to offer this approach⁸. Whether more complex conditions emerge, the patients should be conducted to higher assistance levels with specialist palliative care professionals⁹.

However, the clear lack of skilled professionals is but one of the challenges the Policy has exposed, further to specialized teachers and poor teaching material¹⁰, which begins in the academic formation.

Specific palliative care skills are quite often ill-understood in health education curricula that focus on the biologic aspects of the human being, scientific objectivity and control of the disease, a setting where the patient is but a number^{11,12}. In 2018, only 14 medical undergraduation courses barely addressed this theme and in 2020, of the 191 palliative care services available in the country, 37.2% alone were associated with education^{10,13}. Understand the subjective aspects of the individual in palliative care is a continuous condition the health professional must attend to.

To reduce the discussion of this theme to health undergraduation curricula appears to be an extreme simplification. The development of different levels of education that meet the population demands, the structure of the health system across every Brazilian region and professional specificities are paramount. Palliative care education should be seen as a continuous demand to match this complex reality. Partnerships among the existing palliative care services and educational institutions can be a robust strategy for effective articulation between education and formation, not to mention the potency of transformative learning, stimulating permanent reflections, regular practice of interprofessional shared decisions making and bioethics discussion in pursue of better balance between theory and practice^{14,15}.

The proposal of continuous education in palliative care aims to challenge the health professional to build up its own knowledge through individual-centered programs in

contrast with teacher-centered and content transmission traditional education¹⁶; more than often, it is not unusual to find educational processes grounded in structures and competencies rarely compatible with the current demands of professionals and the general population¹⁷ and far from the reality.

Understand what the professional knows, his/her skills, attitudes and biographical assets within the cognitive structure should be considered in practical teaching to facilitate the learning process. In addition, for best development of palliation-related skills, beyond technical and scientific aspects, the professional predisposition to learn and emotions are important as well¹⁸. Education should not be restricted to the content the educator has or provides, it is a continuous process of mutual construction of significant content added to the professional practice¹⁹.

Action must guide the learning process further to in-class interactive methods and clinical observation focused to the holistic nature of palliative care, profound reflection on compassionate past and current experiences, in addition to compassion and emotion and self-care to promote resilience^{14,15}. 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 conditions²⁰.

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 Kovács²¹ 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

audience. Dealing with the theme within a humanized perspective does not mean to hide it.

4. Discuss losses and deaths in hospitals.
5. Discuss bioethics in hospitals through focused multidisciplinary groups.

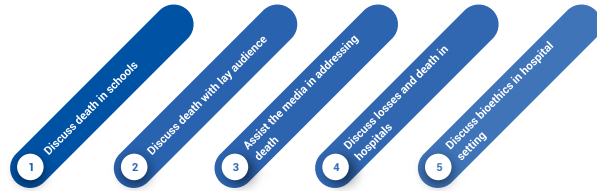


Figure 2. Proposal of education for death according to Kovács²¹

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, Livia 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.

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REFERENCES

1. Ministério da Saúde (BR). Portaria GM/MS Nº 3.681, de 7 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos - PNCP no âmbito do Sistema Único de Saúde - SUS, por meio da alteração da Portaria de Consolidação GM/MS nº 2, de 28 de setembro de 2017 [Internet]. Diário Oficial da União, Brasília, DF. 2024 maio 22 [acesso 2024 maio 10]; Edição 98; Seção I:215. Disponível em: <https://www.in.gov.br/en/web/dou/-/portaria-gm/ms-n-3.681-de-7-de-maio-de-2024-561223717>
2. Worldwide Hospice Palliative Care Alliance. Global Atlas of palliative care [Internet]. 2 ed. London: WHPCA; 2020. [acesso 2024 maio 20]. Disponível em: <http://www.thewhpc.org/resources/global-atlas-on-end-of-life-care>
3. Callaway MV, Foley K. The international palliative care initiative. *J Pain Symptom Manage.* 2018;55(2S):S1-S5. doi: <https://doi.org/10.1016/j.jpainsymman.2017.05.012>
4. Zamarchi GCG, Leitão BFB. Estratégias educativas em cuidados paliativos para profissionais da saúde. *Rev Bioét.* 2023;31:e3491PT. doi: <https://doi.org/10.1590/1983-803420233491PT>
5. World Health Organization. National cancer control programmes: policies and managerial guidelines [Internet]. 2 ed. Geneva: WHO; 2002. [acesso 2024 maio 13]. Disponível em: <https://iris.who.int/handle/10665/42494>
6. Gamondi C, Larkin P, Payne SA. Core competencies in palliative care: an EAPC white paper on palliative care education: part 1. *Eur J Palliat Care.* 2013;20(2):86-91.
7. Gamondi C, Larkin P, Payne SA. Core competencies in palliative care: an EAPC white paper on palliative care education: part 2. *Eur J Palliat Care.* 2013;20(3):140-5.
8. Quill TE, Abernethy AP. Generalist plus specialist palliative care--creating a more sustainable model. *N Engl J Med.* 2013;368:1173. doi: <https://doi.org/10.1056/nejmp1215620>
9. Pavlic DR, Aarendonk D, Wens J, et al. Palliative care in primary care: European Forum for Primary Care position paper. *Prim Health Care Res Dev.* 2019;20:e133. doi: <https://doi.org/10.1017%2FS1463423619000641>
10. Academia Nacional de Cuidados Paliativos. Atlas dos cuidados paliativos no Brasil 2019 [Internet]. 1. ed. São Paulo: ANCP; 2020. [acesso 2024 maio 28]. Disponível em: https://api-wordpress.paliativo.org.br/wp-content/uploads/2020/05/ATLAS_2019_final_compressed.pdf
11. Nascimento MRBM. Os desafios da implementação dos cuidados paliativos no Brasil [monografia na Internet]. Brasília, DF: Centro Universitário de Brasília; 2011. [acesso 2024 maio 08]. Disponível: <https://repositorio.uniceub.br/jspui/bitstream/123456789/2719/2/20510570.pdf>
12. Azeredo NSG, Rocha CF, Carvalho PRA. O enfrentamento da morte e do morrer na formação de acadêmicos de medicina. *RBEM.* 2011;35(1):37-45.
13. Academia Nacional de Cuidados Paliativos. Análise situacional e recomendações para estruturação de programas de cuidados paliativos no Brasil [Internet]. São Paulo: ANCP; 2018. [acesso 2024 maio 08]. Disponível: https://paliativo.org.br/wp-content/uploads/2018/12/ANALISE-SITUACIONAL_ANCP-18122018.pdf
14. Gillett K, Bryan L. 'Quality End of Life Care for All' (QELCA): the national rollout of an end-of-life workforce development initiative. *BMJ Support Palliat*



- Care 2015;6(2):225-30. doi: <https://doi.org/10.1136/bmjspcare-2014-000816>
15. Gillett K, Reed L, Bryan L. Using action learning sets to support change in end-of-life care. *Leadersh Health Serv (Bradf Engl)*. 2017;30(2):184-93. doi: <https://doi.org/10.1108/lhs-10-2016-0055>
 16. Freire P. *Política e educação: ensaios* [Internet]. 5. ed. São Paulo: Cortez; 2001. [acesso 2024 maio 10]. Disponível em: http://www.gestaoescolar.diaadia.pr.gov.br/arquivos/File/otp/livros/politica_educacao.pdf
 17. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*. 376(9756):1923-58. doi: [https://doi.org/10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)
 18. Feuz C, Rosewall T, Willis S. Radiation therapy students' knowledge, attitudes, and beliefs about palliative and end-of-life care for cancer patients. *JMIRS*. 2015;46(3):271-9. doi: <https://doi.org/10.1016/j.jmir.2015.06.001>
 19. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa* [Internet]. São Paulo: Paz e Terra; 1996. [acesso 2024 maio 10]. Disponível em: http://www.apoesp.org.br/sistema/ck/files/4-%20Freire_P_%20Pedagogia%20da%20autonomia.pdf
 20. Oliveira LC, Rosa KSC, Salman AA, et al. Quality of death educational programme in a national reference palliative care unit. *BMJ Support Palliat Care*. 2024;13(e3):e924-7. doi: <https://doi.org/10.1136/spcare-2023-004478>
 21. Kovacs MJ, organizadora. *Morte e existência humana: caminhos de cuidados e possibilidades de intervenção*. 1 ed. Rio de Janeiro: Guanabara Koogan; 2008.

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