Resignification of Cancer Diagnosis and Palliative Care: Urgent Approach to Oncologic Care

https://doi.org/10.32635/2176-9745.RBC.2025v71n2.4891EN

Ressignificação do Diagnóstico de Câncer e Cuidados Paliativos: Abordagem Urgente do Cuidado Oncológico

Resignificación del Diagnóstico de Cáncer y Cuidados Paliativos: Enfoque Urgente del Cuidado Oncológico

Vanessa Gomes da Silva[1]; Flávia Navi de Souza[2]; Alex Sandro de Azeredo Siqueira[3]; Luciana Aparecida Faria de Oliveira[4]; Renata de Freitas[5]

INTRODUCTION

In the global scenario, the impact on the incidence of cancer diagnoses rises rapidly, mainly due to demographic and epidemiological transitions[1]. Although the diagnosis of cancer is a global reality, in countries with high Human Development Index (HDI) effective interventions for prevention, early detection, and treatment had an impact on the reduction of incidence and mortality rates. In transition countries, these rates continue to increase or remain stable, which shows the relevance of better use of resources and efforts to control cancer[1,2].

In this context, diagnoses of chronic non-communicable diseases (NCDs), such as cardiovascular, chronic respiratory, diabetes, cancer, among others, show an increase[1]. There is a higher risk of poor prognosis for cancer diagnosis, given the genesis of the disease that involves disordered growth cells and the high potential for disseminating to other tissues and organs[3-5].

In response, The Lancet Commission on Palliative Care and Pain Relief emphasizes that the global oncology community plays a crucial role in helping the universal reach/access of Palliative Care (PC), making the anticipation of the need for pain relief and other symptoms from severe suffering linked to diagnosis emblematic[6]. In the Brazilian scenario, the recent publication: *Ações de Enfermagem para o Controle do Câncer* (Nursing Actions for Cancer Control) addresses PC in the cancer treatment bases, reinforcing its place in oncological care, ideally since the diagnosis[7].

As stated above, the objective of this article is to present relevant information to society (health professionals, workers who act in the context of public health and the population) in favor of PC articulated in a beneficial and unique way to oncology care, with argumentative text methodology retrieving elements of social relevance.

DEVELOPMENT

Palliative care amidst Brazilian public policies

The National Policy of Cancer Prevention and Control (PNPCC) emphasizes the following as part of comprehensive care: prevention, early detection, diagnosis, treatment, and palliative care, to be offered in a timely manner for continuity of care[8].

In a broader view, Resolution No. 41[9] of October 31, 2018, brings guidelines for the organization of PC, in light of integrated and continuous care, within the framework of the Brazilian National Health System (SUS). It envisions its organization integrated within the SUS, highlighting the provision of care in the Health Care Network (RAS, in Brazilian Portuguese) in the scenarios of home care, outpatient care, urgency and emergency, and regular hospital care.

Given the relevance regarding the implementation and consolidation of a national public policy of PC and its potential benefit to the population, a Brazilian movement called *"Frente PaliATIVISTAS – Cuidados Paliativos pelo Brasil"* (PalliACTIVIST Front – Palliative Care for Brazil) aims to mobilize health workers, users, managers and SUS service providers in defense of the implementation of the policy proposed at the 17th National Health Conference[10].

[1-5]Instituto Nacional de Câncer (INCA), Hospital do Câncer IV (HC IV). Rio de Janeiro (RJ), Brasil.
[1]E-mail: vanessag_2005@yahoo.com.br. Orcid iD: https://orcid.org/0000-0003-3438-3401
[2]E-mail: flavia_navi@yahoo.com.br. Orcid iD: https://orcid.org/0000-0003-1478-7038
[3]E-mail: assiqueira@hotmail.com. Orcid iD: https://orcid.org/0000-0002-6678-4499
[4]E-mail: lu41oliveira@gmail.com. Orcid iD: https://orcid.org/0000-0002-6430-1932
[5]E-mail: renatadefreitas1976@gmail.com. Orcid iD: https://orcid.org/0000-0001-7285-8768
Corresponding author: Vanessa Gomes da Silva. Rua Félix Crame, 130/603 – Pechincha. Rio de Janeiro (RJ), Brasil. CEP 22770-180. E-mail: vanessag_2005@yahoo.com.br

As an outcome, Resolution No. 715[11] of July 20, 2023, provides strategic guidelines for the Brazilian National Health Plan and the 2024-2027 Multi-year Plan, with the goal of contributing to the democratic and constitutional process of national policy formulation. A proposal to integrate PC to RAS as a care component in Primary Health Care, through the Family Health Strategy.

More recently, Law No. 14,758[12] of December 19, 2023, has incorporated in the PNPCC the National Patient Navigation Program for People with Cancer Diagnosis, and highlighted the relevance of psychological support offered to patients and their families. As for navigation, it is important to highlight the incorporation of technologies that provide the user with access to health services and professionals.

Consequently, GM/MS Ordinance No. 3,681[13] of May 7, 2024, established the National Policy for Palliative Care and highlights the relevance of primary care for the applicability of PC integrated to the RAS, focusing on actions and public health services that include treatment and prevention approaches aimed at users, their families, and caregivers.

On the other hand, the 2021-2030 Strategic Action Plan to Tackling NCDs[14], regarding the screening of breast and cervical cancers, and access to diagnosis in general, highlights the need to invest in expanding coverage, concomitant to supporting evidence-based research and/or population surveys, campaigns and national programs, with emphasis on extending the human papillomavirus (HPV) vaccine coverage to young people.

Therefore, it is important to incorporate PC in a timely and early manner considering the different levels of suffering that may be triggered by the diagnosis of a life-threatening disease, in which consequently the psychosocial and emotional factors can have a great impact on the patient, their family members and caregivers who experience and deal with the illness constantly[15,16].

The impact of (mis)information on society

Any information that affects the individual seriously and unfavorably to their future is bad news[17]. In this case, the cancer diagnosis presents weaknesses, possible losses, and brings to light the fear of death, something understandable in the face of the unwanted discovery.

The outcomes after diagnosis include therapeutic approaches focused on cure and/or palliation. In social ideology, curative treatments (surgery, radiotherapy, chemotherapy, and others) gain greater visibility and relevance, rather than PC, due to the idea of abandonment associated with cancer's incurability or progression[18]. However, both are equally relevant regarding the time to treatment and indication, when the illness is considered in the assessment and the benefit is weighed up.

In cases of illnesses resulting from diagnoses of advanced cancer, the following symptoms become evident: pain; nausea; shortness of breath; fatigue; constipation; bleeding; altered consciousness, loss of appetite; depression; drowsiness; anxiety; among others, depending on the type of cancer[3-5].

The increasing intensity and occurrence of this symptomatology represent the high degree of disease impairment, and show the complexity involved in the dimensions of suffering (physical, emotional, psychological, social, and spiritual) in the face of finitude, because they are not restricted to patients, but involve families, caregivers and the interdisciplinary team[3-6].

All these facts are considered when referring for PC, aiming to promote quality of life, because it involves the level of life satisfaction that includes various areas of the social environment, family, and emotional life, in a singular and subjective way[1,7].

In recent reviews, there are several barriers, such as lack of communication between health teams, lack of knowledge and education on PC practices, among other factors that minimize evidence regarding the benefits of PC and polarize reports of underutilization and late onset[18].

Among the various themes that involve informing society, most of them are based on diseases, with gaps regarding approaches related to emotions, sexuality, and oncology, the malignancy potential of tumors, as well as the focus on human finitude[19].

Illness and incurability unveil fears, concerns, and anxieties, capable of providing diverse reactions, in which denial represents a relevant barrier to acceptance of PC[20]. However, information needs to be based both on the meaning of PC (such as protection and quality of life) and on recognizing its high potential to alleviate human suffering and fear of death.

In summary, Figure 1 highlights the intersection of subjects on the conception of PC as the basis for cancer treatment, a key factor to integrate into oncological care[3,7]. Early provision of PC for patients with advanced cancer soon after diagnosis aims to demystify the bad news associated with referral to PC, given its late occurrence in many cases, whether at the end of life or very close to it.

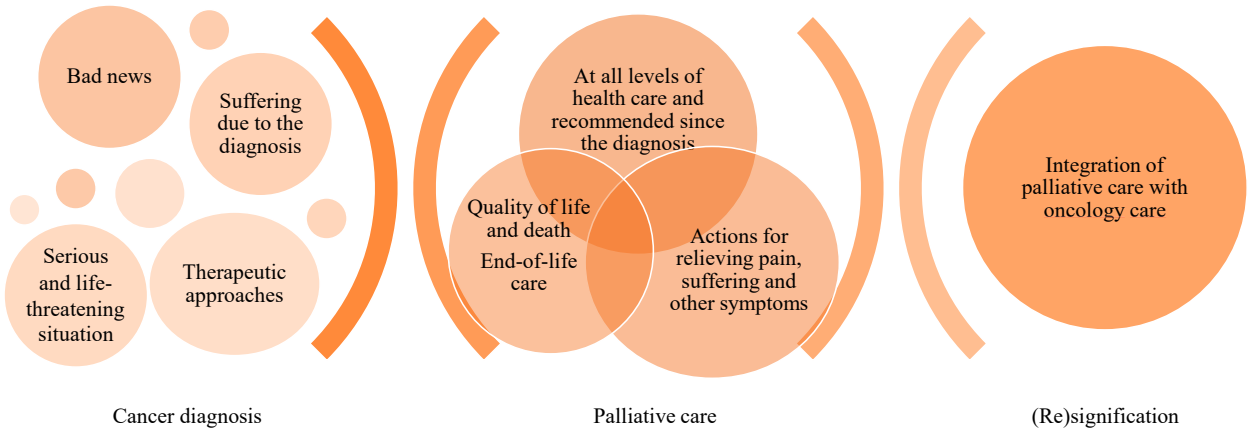

Figure 1. Intersections regarding cancer diagnosis and palliative care

CONCLUSION

The rising global demand for access to PC indicates the urgency of addressing the issue in the social context (educating professionals and informing society), especially in developing countries. Public policies in Brazil, in a way, provide a certain framework of reality, on which, in a non-linear and gradual way, the scenario explains the recognition of PC as a right to be achieved by an increasingly expressive number of people who are suffering due to a life-threatening disease.

Consequently, the cancer diagnosis shows risks and weaknesses, leading to the need for specific treatment coming from an increasingly early PC. Through this perspective, the meaning added to PC involves possible improvements in quality of life, relief/control of multiple symptomatology, as well as adequate end-of-life support to patients, their relatives, and caregivers. These indicators foster a rupture process regarding the bad news linked to PC, to resignify its genesis (relief and protection), connected to therapeutic scientificity.

CONTRIBUTIONS

Vanessa Gomes da Silva has substantially contributed to the study design, analysis, and interpretation of data, writing the original draft, and critical review. Flavia Navi de Souza, Alex Sandro de Azeredo Siqueira, Luciana Aparecida Faria de Oliveira, and Renata de Freitas contributed to the text revision and critical review with intelectual contribution. All the authors approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

FUNDING SOURCES

None.

REFERENCES

1. Santos LL, Barros VS, Haidar AMSCB, et al. Correlação entre capacidade funcional e qualidade de vida em pacientes oncológicos em cuidados paliativos. Rev Bras Cancerol. 2023;69(3):e-203912. doi: https://doi.org/10.32635/2176-9745.RBC.2023v69n3.3912
2. Santos MO, Lima FCS, Martins LFL, et al. Estimativa de incidência de câncer no Brasil, 2023-2025. Rev Bras Cancerol. 2023;69(1):e-213700. doi: https://doi.org/10.32635/2176-9745.RBC.2023v69n1.3700
3. Instituto Nacional de Câncer José Alencar Gomes da Silva. ABC do câncer: abordagens básicas para o controle do câncer [Internet]. 6. ed. rev. atual. Rio de Janeiro: INCA: 2020. [acesso 2024 nov 25]. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document/livro_abc_6ed_0.pdf
4. Instituto Nacional de Câncer José Alencar Gomes da Silva. Cuidados paliativos vivências e aplicações práticas do Hospital do Câncer IV [Internet]. Rio de Janeiro: INCA; 2021. [acesso 2024 nov 25]. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//cuidados_paliativos-hciv.pdf
5. Instituto Nacional de Câncer José Alencar Gomes da Silva. Cuidados paliativos em oncologia: orientações para agentes comunitários de saúde [Internet]. Rio de Janeiro: INCA; 2022. [acesso 2024 nov 25]. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//cartilha_cuidados_paliativos_em_oncologia_para_acs.pdf
6. Knaul FM, Bhadelia A, Rodriguez NM, et al. Comissão lancet sobre cuidados paliativos e alívio da dor -descobertas, recomendações e direções futuras. Lancet Glob Health. 2018;6(sup 1):S5-6. https://doi.org/10.1016/s2214-109x(18)30082-2

7. Instituto Nacional de Câncer José Alencar Gomes da Silva. Ações de enfermagem para o controle do câncer: uma proposta de integração ensino-serviço. 4. ed. rev. atual. ampl. Rio de Janeiro: INCA, 2024.
8. Ministério da Saúde (BR), Gabinete do Ministro. Portaria n° 874, de 16 de maio de 2013. Institui a Política Nacional para a Prevenção e Controle do Câncer na Rede de Atenção à Saúde das Pessoas com Doenças Crônicas no âmbito do Sistema Único de Saúde (SUS) [Internet]. Diário Oficial da União, Brasília, DF. 2013 maio 17 [acesso 2024 nov 8]; Seção I:129. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0874_16_05_2013.html
9. Ministério da Saúde (BR). Resolução Nº 41, de 31 de outubro de 2018. Dispõe sobre as diretrizes para a organização dos cuidados paliativos, à luz dos cuidados continuados integrados, no âmbito Sistema Único de Saúde (SUS) [Internet]. Diário Oficial da União, Brasília, DF. 2018 nov 23 [acesso 2024 nov 8]; Edição 225; Seção 1:276. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/cit/2018/res0041_23_11_2018.html
10. Academia Nacional de Cuidados Paliativos [Internet]. São Paulo: ANCP; ©2025. ANCP apoia a frente de cuidados paliativos pelo Brasil, 2023 fev 24. [acesso 2024 abr 10]. Disponível em: https://paliativo.org.br/ancp-apoia-frente-cuidados-paliativos-brasil.
11. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução Nº 715, de 20 de julho de 2023. Dispõe sobre as orientações estratégicas para o Plano Plurianual e para o Plano Nacional de Saúde provenientes da 17ª Conferência Nacional de Saúde e sobre as prioridades para as ações e serviços públicos de saúde aprovadas pelo Conselho Nacional de Saúde [Internet]. [acesso 2024 abr 10]. Disponível em: https://digisusgmp.saude.gov.br/storage/conteudo/wANttUWtxo1oVHGLHKZU-F1RoewVoprkTl4YvR4oI.pdf
12. Presidência da República (BR). Lei Nº 14.758, de 19 de dezembro de 2023. Institui a Política Nacional de Prevenção e Controle do Câncer no âmbito do Sistema Único de Saúde (SUS) e o Programa Nacional de Navegação da Pessoa com Diagnóstico de Câncer [internet]. Diário Oficial da União, Brasília, DF. 2023 dez 20[acesso 2024 jun 15]; Edição 241; Seção 1:1. Disponível em: https://legis.senado.leg.br/norma/37953903/publicacao/37956177
13. 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 jul 20]; Edição 98; Seção 1:215. Disponível em: https://www.in.gov.br/en/web/dou/-/portaria-gm/ms-n-3.681-de-7-de-maio-de-2024-561223717
14. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento de Análise em Saúde e Vigilância de Doenças Não Transmissíveis. Plano de Ações Estratégicas para o Enfrentamento das Doenças Crônicas e Agravos não Transmissíveis no Brasil, 2021-2030 [internet]. Brasília, DF: Ministério da Saúde; 2021 [acesso 2024 jul 20]. Disponível em: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/cartilhas/2021/09-plano-de-dant-2022_2030.pdf
15. Bruera E. Some notes for physicians contemplating a career in palliative and person-centered care. Austin: University of Texas MD Anderson Cancer Center; 2019
16. Radbruch L, Lima L, Knaul F, et al. Redefining palliative care-a new consensus-based definition. J Pain Symp Manag. 2020;60(4):754-64. doi: https://doi.org/10.1016/j.jpainsymman.2020.04.02
17. Instituto Nacional de Câncer. Coordenação Geral de Gestão Assistencial, Coordenação de Educação. Comunicação de notícias difíceis: compartilhando desafios na atenção à saúde [Internet]. Rio de Janeiro: INCA; 2010. [acesso 2024 maio 28]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/comunicacao_noticias_dificeis.pdf
18. Sarradon-Eck A, Besle S, Troian J, et al. Understanding the barriers to introducing early palliative care for patients with advanced cancer: a qualitative study. J Palliative Med. 2019;22(5):508-16. doi: https://doi.org/10.1089/jpm.2018.0338
19. Vasconcellos-Silva PR, Rivera FJU, Siebeneichler FB. Healthcare organizations, linguistic communities, and the emblematic model of palliative care. Cad Saúde Pública. 2007;23(7):1529-38. doi: https://doi.org/10.1590/S0102-311X2007000700003
20. Kübler-Ross E. Sobre a morte e o morrer: o que os doentes terminais têm para ensinar a médicos, enfermeiras, religiosos e a seus próprios parentes. 9. ed. São Paulo: Editora WMF Martins Fontes; 2008.

Recebido em 26/8/2024
Aprovado em 4/2/2025

Scientific-editor: Anke Bergmann. Orcid iD: https://orcid.org/0000-0002-1972-8777