

Palliative Care: Why do we Need to Talk about it?

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Cuidados Paliativos: Por que Precisamos Falar sobre isso?

Cuidados Paliativos: ¿Por qué Tenemos que Hablar al Respecto?

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INTRODUCTION

The expressive prevalence of non-communicable chronic diseases resulting from the epidemiologic and demographic transition, is the principal cause of the disability of an important portion of the world population¹. The expectation for 2030 is that there is more than one billion elders in the world with more accentuated growth of this age group in countries in development. Therefore, non-communicable chronic diseases will represent more than three quarts of all the deaths, with emphasis in cardiovascular and oncologic diseases, increasing the demand for palliative care^{2,3}.

However, this demand is not sufficiently met and innumerable barriers (political barrier, availability and access to opioid drugs, implementation of services that offer this type of care and the necessity of educating the society, technical and laic about this theme) need to be overcome, corroborating that, actually, Palliative Care may be provided to individuals as a legitimate human right according to the Universal Principles of Health⁴.

PALLIATIVE CARE – DEFINITION AND PRESUPPOSITIONS

The term “palliative” has Latin origin, “*pallium*”, which means mantle, representing the relief of the suffering while the subjacent condition/disease cannot be cured. It is an active treatment that involves the individual and everything inherent to it in perceptible care, which means, treating in its integrality and favoring the empowering over its own life and finitude⁵. Each patient is formed by a singular social-economic, spiritual and psychological context. These elements are not dissociable, reason for which they will not be considered as such.

Palliative Care is defined by the World Health Organization² as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early

identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.. This definition can be extended, comprehending individuals in conditions demanding Palliative Care in the future and those at more advanced age who are nearing the end of the course of the life.

The presuppositions are: relief from pain, offer support to patients to live as actively as possible, integrate the psychological, spiritual and social aspects, affirm life and death as a normal process and support the family and friends to cope with the patient and the mourning in face of the finitude of life². This type of care must be initiated at the onset of any life-threatening condition/disease together with therapies capable of modifying its course. The palliation becomes more important if curative therapies lose their effectiveness⁶.

Early Palliative Care not only improve the quality of life of the patients and promote a dignified care, but also reduce unnecessary hospitalization and the use of healthcare services, contributing for the effective utilization of resources². As for oncologic diseases, the conception of the comprehensive treatment must address Palliative Care⁷. An increasing body of evidences suggests that the early involvement of specialized Palliative Care concomitant with curative oncologic care is associated, among other factors, to a better tolerance of the patients with more aggressive treatments, low burden of symptoms and improved quality of life⁸⁻¹⁰.

CURRENT SCENARIO – DEMAND AND ACCESS TO PALLIATIVE CARE

Each year, more than 40 million persons (including family/healthcare providers) demand for Palliative Care worldwide. Actually, however, only 14% of these receive it⁶.

According to data published in the Global Atlas of Palliative Care at the End of Life⁶, some North American and European countries and Australia have good level of development of Palliative Care. As counterpoint, there

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are places where even there is any activity of palliation reported (for example, Afghanistan, Libya, French Guyana and Yemen). Brazil was classified at level 3A, has only some services of that kind available in isolated spots in the national territory, corresponding only to 172 registered teams and less than 1% of the total number of hospitals in the country.

The 2015 Quality of Death Index¹¹ classified Brazil in the 42nd position in a ranking involving 80 different countries, reflecting the necessity of creating new facilities, improvement and disclosure of knowledge about Palliative Care among healthcare professionals and the society. In addition, only 0.3% of the persons that die in Brazil annually have the possibility of receiving this type of care.

Because of the impact of oncologic diseases in the population, almost all the families are affected directly or indirectly. Furthermore, in the developing countries, the limitations of health access, low coverage of screening programs and delays in conducting diagnostic procedures contribute for the late diagnosis and cancer uses to be recognized already in advanced stage, whose prognosis tends to be poor¹².

Data from the National Institute of Cancer José Alencar Gomes da Silva (INCA) evidence the amplitude of cancer cases in advanced stages in Brazil. Of the patients enrolled in the Palliative Care Unit, 78% were already admitted at INCA without eligibility criteria for a curative approach treatment. In addition, the rate of death is elevated even in other units of treatment of the institution, indicating that an expressive portion of the population initiates the treatment without conditions of cure and not even is referred to the exclusive Palliative Care Unit¹³.

Within the hospital scenario, it is common that patients with advanced cancer and not having perspective of a modifying treatment of the disease receive inappropriate and ineffective care, without possibility of palliative care and relief of the pain. Even in a reality of scarce resources, it is perceived the unnecessary utilization of invasive methods and of high technology, focused in the attempt of cure, prolonging suffering and pain¹⁴. A palliative culture could slowly contribute to reverse this reality.

CONCLUSION

Palliative Care is a public health necessity that, because of a yet incipient offer, only a small portion of the individuals who need it are granted access. There is a vast path to be walked through towards a universal offer and improvement of this type of care.

We need to talk about this theme and put it in evidence through an education/awareness system for the

entire society, creating new movements of consciousness that corroborate the development of Palliative Care and its access.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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