

Quality in Oncology Nursing and Health in Defense of the Unified Health System (SUS) in COVID-19 Pandemic Times

<https://doi.org/10.32635/2176-9745.RBC.2020v66nTemaAtual.1185>

Qualidade em Enfermagem Oncológica e Saúde em Defesa do Sistema Único de Saúde (SUS) em Tempos de Pandemia da Covid-19

Calidad en Enfermería Oncológica y Salud en Defensa del Sistema de Salud Unificado (SUS) en Tempos de Pandemia de Covid-19

Raquel de Souza Ramos¹; Ana Paula Kelly de Almeida Tomaz²; Margarida Maria Rocha Bernardes³; Antonio Marcos Tosoli Gomes⁴; Ronan dos Santos⁵; Angela Coe Camargo da Silva⁶

Dear Editor,

The Unified Health System (SUS) created by the Federal Constitution of 1998, consubstantiated and established by Laws 8,080/1990 and 8,192/1990, conceived within the democratic context of the Brazilian Sanitary Reform constructed and improved through debates of political, technological, ideologic and social dimensions is guided by doctrinaire-ethical and organizational principles and promoted free, universal, whole and equanimous care to everyone in the national territory. SUS proposal is within a health caring model where it is essential the understanding of the principles and guidelines in the fight for the democratization of the State and the society¹.

Nursing professionals are the largest labor force in health. According to the Federal Nursing Council, there are more than two million and 300 thousand nursing professionals working in the country², therefore, these are the labor force who have the strength to make this system work. Consequently, promote the quality of nursing means to shield and reinforce SUS. Based in these reflections, the Brazilian Nursing Association defined quality of nursing in defense of SUS as theme of 81st. Week of Brazilian Nursing with the objective of keeping a dialogue “with the challenges this complex sanitary crisis placed to nursing because of the global pandemic declared by the World Health Organization – WHO as a public

health emergency of international concern”². According to these guidelines, the National Cancer Institute José Alencar Gomes da Silva (INCA), in an interinstitutional partnership organized a commemorative event to this Week.

The pandemic is unveiling the nursing work to the world as bluntly as it can be, until then, an invisible job, difficulties of social recognition and little worth demonstrated by the managers who fail to invest in appropriate financial compensation and not even in infrastructure that offer comfort, dignity and confidence to these professionals across the several levels of attention to health³.

The public health services since the central administration down to the first caring action is facing the biggest challenge of the 30 years of SUS existence, being summoned to adapt and reinvent itself daily.

The reality imposed by the pandemic focused the action of the caring units to circumvent the crisis installed by the novel coronavirus as a priority, however, other diseases did not interrupt their courses, among them, cancer, a severe world health problem, one of the four main causes of early death. For each year of the triennium 2020-2022, 625 thousand new cases are expected, except non-melanoma skin cancer⁴.

In what concerns oncologic care, the coronavirus disease 2019 – COVID-19 is bringing several negative impacts, summoning professionals, managers, patients

¹PhD, Nursing. Nurse of the National Cancer Institute José Alencar Gomes da Silva (INCA) and School-Hospital Pedro Ernesto (HUPE). Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0003-1939-7864>

²Doctoral Student, Nursing, Nursing School Anna Nery, Federal University of Rio de Janeiro Rio de Janeiro (EEAN/UFRJ). Supervisor of Nursing Teaching of INCA and General Hospital of Bonsucesso. Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0002-0592-4101>

³Post-Doctorate Nursing – Professor of the Defense Ministry Statutory Staff and Investigator of the Centre of Political, Strategic and Defense Studies of the Defense Ministry. Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0003-2849-413X>

⁴Post-Doctorate, Nursing. Full professor of the Nursing College of the Federal University of the State of Rio de Janeiro (UERJ). Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0003-4235-9647>

⁵Master, Nursing. Nurse of INCA. Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0002-1296-3328>

⁶Specialist in Oncologic Nursing. Nurse of INCA. Rio de Janeiro (RJ), Brazil. Orcid iD: <https://orcid.org/0000-0001-8594-3275>

Address for correspondence: Raquel de Souza Ramos. Praça Cruz Vermelha, 23, 4º andar, ala A - Centro. Rio de Janeiro (RJ), Brazil. CEP 20230-130. Email: rramos@inca.gov.br



and relatives to pursue alternatives to minimize the damages in caring, certainly with repressed demand because of the pandemic.

According to the Brazilian Societies of Pathology and Oncologic Surgery, nearly 50 thousand Brazilians failed to be diagnosed with cancer and other thousands, with confirmed diagnosis, had delayed, suspended or adapted their treatments. These entities point out the cancellation of urgent procedures as exams, consultations and surgeries and the patients' refusal in seeking hospitals fearing the disease contamination. Because of the obstacles faced currently in oncologic hospitals routine, it is emphasized that, in the post-pandemic aftermath, the country may face an epidemic of cancer cases in advanced stages⁵.

Some measures are being taken based in the experiences of other countries that have already gone through the critical peak of the pandemic to minimize these impacts. Institutional routines and flows, creation of COVID-19 free areas, temperature measurement, compelled mask wearing, no visits, restriction of companions, patients screening before the surgery and mainly, exhaustive teams training about responsible and correct wearing of personal protective equipment⁶. In that line, the most powerful weapon used in the battle front against COVID-19 is creativity, one of the basic tools of the profession linked to science and sense of cooperation to help professionals go through this challenge stronger and more independent.

In this context, a new modality of consultation came up: virtual consultation. Tele-consultation is showing to be convenient to avoid unnecessary travels to the institution, minimizing exposure risks to coronavirus, in addition to clarifying doubts and reducing patients and family anxiety. The Nursing Federal Council (COFEN) determined that for tele-consultation, information and communication technologies used ensure the secrecy, protection and record of the data obtained in the consultation and the compliance with the Code of Ethics of the Nursing Professionals. In order to be incorporated in the institution, some administrative procedures are necessary, as the investigation among patients and companions, creation of standard operational protocols, establishment and evaluation of risks and benefits and elaboration of an Informed Consent Form⁷. In this new setting resulting from the pandemic, it is believed that, if well monitored, tele-consultation succeeds in ensuring social isolation, reduce mobility costs, identify and early intervene in complications of the treatment, increase the offer of consultation in a brief period of time and, consequently, strengthen oncologic attention.

The professional autonomy of Nursing is already consolidated for some time, "overall in terms of visibility and concreteness"⁸. In the celebration of the International

Year of Nursing, the International Council of Nurses and the World Health Organization launched the movement Nursing Now, with the objective to value the profession and the professionals at the same time that the pandemic left no doubt about the core role of nursing and its honorable professionals for the quality of the care implemented across several levels of attention of the system, promotion of health, prevention of diseases of the population, priority of human life and non-negotiable and untouchable dignity.

CONTRIBUTIONS

The authors contributed equally in all the phases of the article and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

FUNDING SOURCES

None.

REFERENCES

1. Oliveira DC, Sá CP, Gomes AMT, et al. A política pública de saúde brasileira: representação e memória social de profissionais. *Cad Saúde Pública*. 2008;24(1):197-206. doi: <https://doi.org/10.1590/S0102-311X2008000100020>
2. Associação Brasileira de Enfermagem. Diretrizes para a realização da 81ª Semana Brasileira de Enfermagem [Internet]. Brasília, DF: ABEN; 2020 [acesso 2020 abr 21]. Available from: http://www.abennacional.org.br/site/wp-content/uploads/2020/04/Diretrizes_81-SBEn-2020_26_04.pdf
3. Conselho Federal de Enfermagem (BR) [Internet]. Brasília, DF: Cofen; c2020. Enfermagem em números; [2020] [acesso 2020 jul 14]. Available from: <http://www.cofen.gov.br/enfermagem-em-numeros>
4. Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2020: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2019 [acesso 2020 abr 21]. Available from: <https://www.inca.gov.br/publicacoes/livros/estimativa-2020-incidencia-de-cancer-no-brasil>
5. Cambricoli F. Pandemia do Coronavírus faz ao menos 50 mil brasileiros deixarem de ser diagnosticados com câncer. *Estadão* [Internet]. 2020 maio 13 [acesso 2020 jul 14];notícias gerais. Available from: <https://saude.estadao.com.br/noticias/geral,pandemia-do-coronavirus-faz-ao-menos-50-mil-brasileiros-deixaram-de-ser-diagnosticados-com-cancer,70003300933>

6. Ramos RS. A enfermagem oncológica no enfrentamento da pandemia de Covid-19: reflexões e recomendações para a prática de cuidado em oncologia. *Rev Bras Cancerol.* 2020;66(Tema Atual):e-1007. doi: <https://doi.org/10.32635/2176-9745.RBC.2020v66nTemaAtual.1007>
7. Conselho Federal de Enfermagem (BR). Resolução nº 634, de 26 de março de 2020. Autoriza e normatiza, “ad referendum” do Plenário do Cofen, a teleconsulta de enfermagem como forma de combate à pandemia provocada pelo novo coronavírus (Sars-Cov-2), mediante consultas, esclarecimentos, encaminhamentos e orientações com uso de meios tecnológicos, e dá outras providências [Internet]. *Diário Oficial da União.* 2020 mar 27; Seção 1:117 [acesso 2020 jul 14]. Available from: www.cofen.gov.br/resolucao-cofen-no-0634-2020_78344.html
8. Santos EI, Alves YR, Silva ACSS, et al. Autonomia profissional e enfermagem: representações de profissionais de saúde. *Rev Gaúcha Enferm.* 2017;38(1):e59033.

Recebido em 28/7/2020
Aprovado em 30/7/2020